



Memorandum

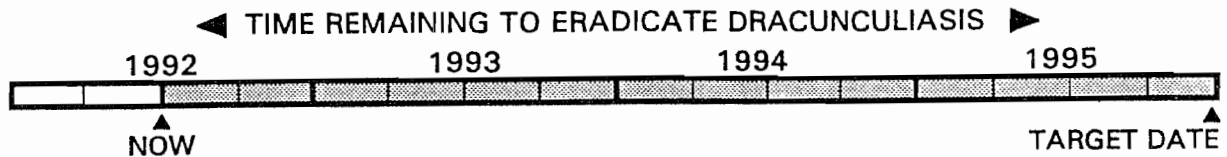
Date June 19, 1992



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

Subject GUINEA WORM WRAP-UP #36

To Addressees



CARTER HOSTS GUINEA WORM SUMMIT

GLOBAL 2000



Representatives of 10 key international organizations committed to eradicating dracunculiasis met with Global 2000 chairman and former U.S. President Jimmy Carter in a "Guinea Worm Summit" at the Carter Center on April 23rd. Attending the Summit, which was chaired by President Carter and Global 2000 Senior Consultant Dr. Donald Hopkins, were the World Health Organization's

regional director for Africa; the Japanese Ambassador to the United Nations; the deputy directors of the Centers for Disease Control, U.S. Peace Corps, and the OCCGE; as well as representatives of UNICEF, the United Nations Development Program, the U.S. Agency for International Development (USAID), the Government of France, and the Conrad Hilton Foundation. The participants agreed that efforts must be intensified in order to eradicate dracunculiasis by 1995. They also discussed gaps in support needed to intensify eradication efforts in affected areas of East Africa and in francophone West Africa.

President Carter agreed to contact the United Nations Secretary-General, Mr. Boutros Boutros-Ghali, to see if the U.N. would help to arrange periods of access to areas of conflict in southern Sudan, so that control measures could begin there in association with some other public health activities. President Carter and Japan's Ambassador to the U.N., Mr. Katsumi Sezaki, also announced that at a meeting in Kyoto, Japan earlier in April, the U.S. Japan Leadership Council agreed to join the cooperative effort to eradicate dracunculiasis. [President Carter and four former prime ministers of Japan led the respective delegations at the meeting of U.S. and Japanese businessmen and former heads of government when the group chose Guinea worm eradication as its second project for collaborative support.] Mr. Katsumi said his government would instruct its embassies in endemic African countries to respond quickly to requests for grants of up to \$35,000 to non-governmental organizations for Guinea worm eradication activities in each country. Requests for other types and amounts of assistance would also be considered. The UNDP representative also said he would inform UNDP missions in Africa of the program's progress and needs, and ask them to consider requests from National Guinea Worm Eradication Programs to the extent that they can.

OCCGE COUNTRIES OBSERVE GUINEA WORM DAY



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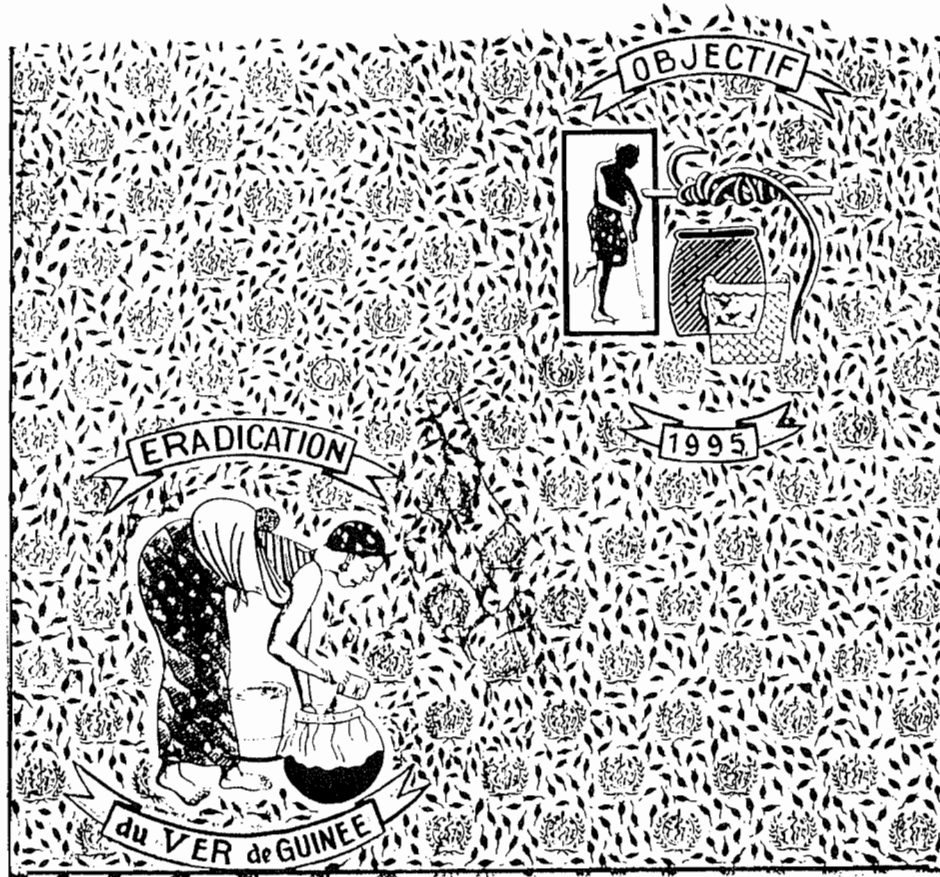
At least 4 of the 8 members of the francophone West African public health organization OCCGE conducted national social mobilization activities on April 30 in an effort to increase public awareness about Guinea worm, its prevention and eradication. Niger's program included a televised speech by the Minister of Public Health, showing a film about Guinea worm on television, banners over public roads in Niamey, and the broadcast of an interview in Hausa with the National Program Manager, Dr. Mohamed S. Kane, by the British Broadcasting Company. Benin broadcast songs about Guinea worm from a regional competition, showed the new film, "Guinea Worm: The End of the Road", and a video documentary about its own eradication program on national television. UNICEF/Benin helped prepare a brochure that was distributed. Mali also broadcast a speech by the Minister of Health, a video showing an earlier visit by the minister to the demonstration project in Doentza district, and aired songs about Guinea worm on the radio. In Mauritania, the Minister of Health's speech from the national Guinea worm conference which was held on 26-29 April, was televised on April 30th. The conference itself generated significant other publicity, as did the regional conference convened in Nouakchott by U.S. Peace Corps the following week (see below). The Secretary-General of the OCCGE, Dr. Youssouf Kane, wrote to all of the Member States of the organization to encourage them to undertake public education efforts related to Guinea worm. The countries concerned can now build on these inaugural efforts.

In addition to the meeting in Mauritania, national meetings or workshops were held in May in Niger, Benin, and Togo. In the latter two countries, the purpose was to begin expanding the areas of operations to include all endemic villages by the end of 1992, as recommended in the Program Review conducted in February 1992. Mauritania and Niger have now also established intersectoral committees for their programs at the national level.

"GUINEA WORM CLOTH" NOW AVAILABLE

In response to a request by Global 2000 and the OCCGE, the Burkinabe firm FASO FANI has agreed to begin producing a new pattern of cloth designed to help raise awareness about the Guinea worm eradication campaign. The attractive pattern includes two figures, one of which is the logo used on Guinea Worm Wrap-Up. The words "Target 1995" and "Eradication of Guinea Worm" are also included in the design, alternating the English and French versions on the same cloth (see figure below). This material is expected to be marketed through Faso Fani's usual commercial channels in West Africa. It can also be purchased by Guinea worm eradication programs as a way of providing incentives to village-based health workers, for use by them to make shirts, dresses, table coverings, etc., while simultaneously raising public awareness about the eradication program. The cost of the material for export is 5750 FCFA (about US\$21) for each bolt of 12 yards of cloth, plus an export tax of 4.75%, and shipping. The cost in Burkina is 6800 FCFA per 12 yard bolt. For more information

or to order material, contact: Direction-Generale, Faso-Fani, B.P. 105, Koudougou, Burkina Faso. Telephone: (226) 440390. Fax: (226) 440126.



U.S. PEACE CORPS CONVENES THIRD ANNUAL WORKSHOP



About 65 persons, including the national program managers from Benin, Chad, Mali, Mauritania, Niger, and Nigeria attended the U.S. Peace Corps' Third Annual Workshop on Guinea Worm Eradication, which met in Nouakchott, Mauritania on 2-6 May. Among the participants were U.S. Peace Corps Volunteers and one of the seven French AFVP volunteers who are working on Guinea worm in Mauritania, as well as regional health officials from the five endemic regions of that country. The focus of this year's workshop was on evaluation. Dr. Deirdre LaPin, WASH consultant, presented a preliminary summary of her evaluation of Peace Corps' efforts in support of Guinea worm eradication over the past three years, some of the funding for which is provided by the Agency for International Development. Of the approximately 65 PCVs working full-time on Guinea worm eradication in Benin, Cameroon, Ghana, Mali, Mauritania, Nigeria, and Togo, 15 are in Benin, 14 in Mauritania, and 22 are in Togo.

INFORMAL MEETING ON GUINEA WORM AT WORLD HEALTH ASSEMBLY

Drs. Philippe Ranque of WHO and Donald Hopkins of Global 2000 co-chaired an informal meeting on May 8 to review the status of the eradication campaign during this year's Forty-fifth World Health Assembly (WHA) in Geneva. This meeting was attended by about 40 persons, including the Ministers of Health of Benin and Ghana, and director-general level officials from the Ministries of Health of Burkina Faso, Chad, Cote d'Ivoire, Mali, Niger, and Nigeria. Togo, Cameroon, Canada, and the United Arab Emirates were also represented. Also present were Drs. Ralph Henderson (Assistant Director-General), G.L. Monekosso (Regional Director for Africa), Peter deRaadt (Director of Tropical Disease Control Division), and Ibrahim Samba (Director, Onchocerciasis Control Program) of WHO. Dr. Ranque had also prepared an exhibit on the program that was displayed during the Assembly.

On May 5, the second day of the Assembly, the newly-elected President of this year's WHA, Mr. Ahmed Al Badi, the Minister of Health of the United Arab Emirates, referred to the Guinea worm eradication program in his Presidential Address: ". . . the United Arab Emirates has supported the international effort to eradicate Dracunculiasis that has been spearheaded by the joint efforts of the Carter Center, the World Health Organization, and the private sector, to name only some of the benefactors of this program."

NATIONAL ACTIVITIES



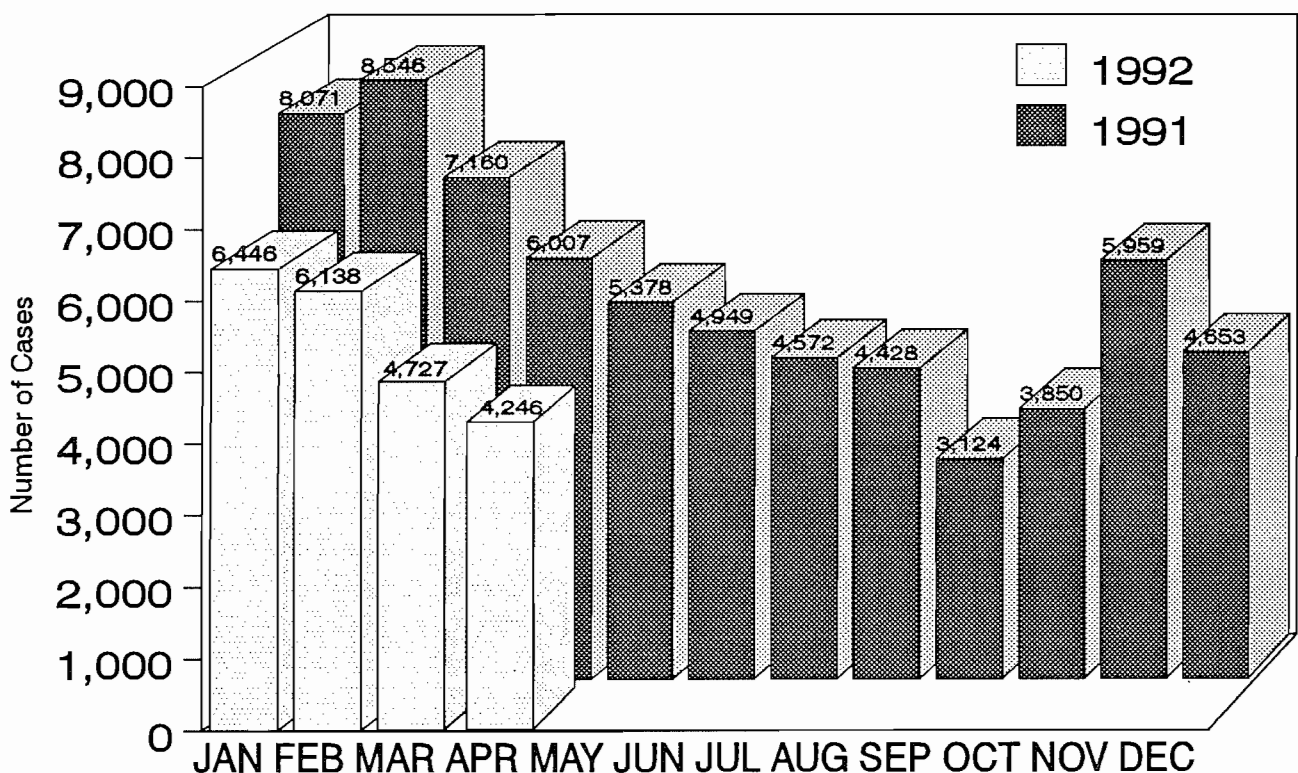
GHANA: FIVE REGIONS BEGIN CASE CONTAINMENT

Ghana has reported 21,581 cases of dracunculiasis in the first 4 months of 1992, as compared to 29,762 cases during the same period of 1991, a decline of over 27.5% (see bar graph on page 5). Only about 60% of endemic villages reported monthly during this period last year, whereas the on-time reporting rates for endemic villages in the first 4 months of 1992 were 83.9%, 93.3%, 87.2%, and 89.4%, respectively. Each of Ghana's ten regions has now had 90% or more of endemic villages to report on time at least one month.

Five regions (Upper East, Upper West, Greater Accra, Western, and Ashanti) have all begun case containment measures, including a review of their operations. Seven regions, including these 5, have now begun using Abate. In unannounced visits to a sample of 66 (16%) of the 415 endemic villages in these five regions, national program staff found that monthly case reporting was generally quite accurate, thus validating recent surveillance information in these areas. Overall, 70% of the households in the villages sampled had cloth filters. However, the coverage rate of households with filters in individual villages ranged from 40% to 100%, with some highly endemic villages being poorly covered while some much less affected villages were well covered, reflecting inadequate prioritization of villages for that intervention. Some of the sampled communities also still did not have a trained village-based health worker. These management reviews have provided a good basis for strengthening program operations in the five regions.

10 Canada Youth Volunteers are completing successful six month tours in which they assisted with health education and community mobilization in a district of Volta Region. In two of the endemic villages they assisted, the communities raised funds and contributed communal labor to construct five hand dug wells. The Scancem Company recently presented a check for \$10,000 (about 4 million cedis) to the Ministry of Health in support of some of the costs of training village-based health workers for the Guinea worm eradication program. That donation was facilitated by Dr. Anders Seim, of Health and Development International. The U.S. Peace Corps also recently provided a similar amount for the same purpose.

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

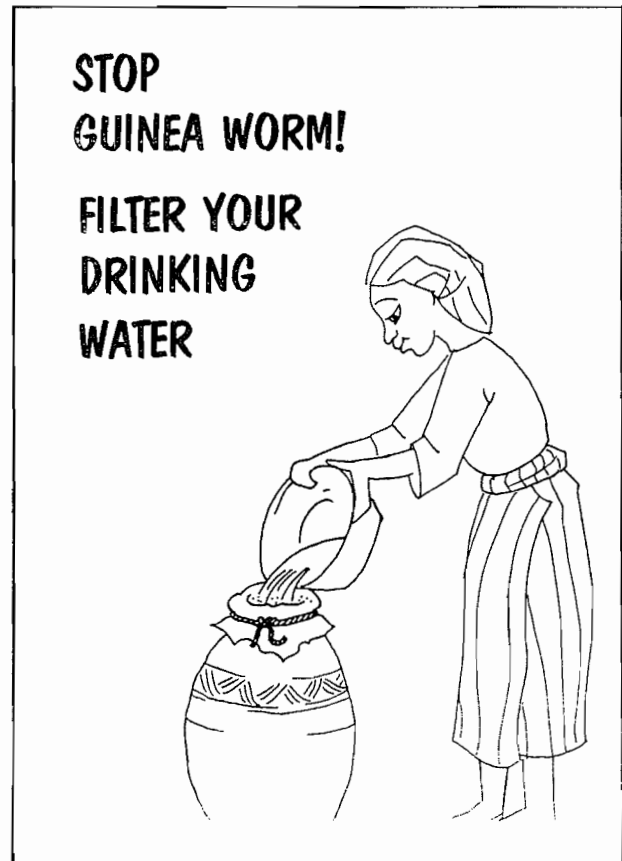


NIGERIA: MONTHLY REPORTING BEGINS

Monthly reporting data for endemic villages by Local Government Area (LGA) for the period beginning July 1991 are being compiled by NIGEP. These results are expected to be complete by August, 1992. Preliminary data from three states (Enugu, Kwara, and Plateau) and other information suggest that Southeast and Northeast Zones of the country have begun to obtain quite good levels of timely reporting from endemic villages.

The Royal Netherlands Embassy to Nigeria recently provided a grant of 62,000 naira (about \$3000) to support the costs of design, printing, and publication of 3,000 copies of a workbook

for teaching primary school children about Guinea worm prevention. The grant also supports pre-testing of the materials in three states among Igbo, Hausa, and Yoruba children by Dr. Eka Braide (see cover page at right). The workbook includes drawings which the children can color or complete by "connecting the dots". Six additional sewing machines for producing cloth filters were purchased, bringing the total so far to 36. Two Canadian Cooperants will join NIGEP in August. They will be assigned to work with LGA NIGEP coordinators in highly endemic LGAs of Cross River State, similarly to the National Youth Service Corps recruits and U.S. Peace Corps Volunteers working in the program.



**BURKINA FASO:
GUINEA WORM ERADICATION
AND OCP COLLABORATION**



As a part of the process of devolution of the regional Onchocerciasis Control Program, the World Bank is considering providing assistance to Burkina Faso's Guinea Worm Eradication Program as part of an integrated attack on onchocerciasis, dracunculiasis, and trypanosomiasis, starting this year. The surveillance system for dracunculiasis is expected to extend nationwide by the end of 1992. This collaboration may become a model for assistance by the World Bank to other Guinea worm eradication programs in the OCP area. The proposed collaboration in Burkina was facilitated by Mr. Jean-Pierre Meert of UNICEF. UNICEF and the French assistance agency CCCE (Caisse Centrale de Cooperation Economique) are both targeting the approximately 600 endemic villages of Burkina which do not have safe sources of drinking water, for new water points. According to Dr. Anders Seim of HDI, the CCCE has recommended that its water activities be targeted to Guinea worm areas in all endemic countries where they have such projects.

AFRICAN REGIONAL MAP OF DRACUNCULIASIS, 1990-1991

Based on data reported at the Enugu meeting, the WHO Collaborating Center at CDC has produced a map of the endemic areas (see page 12). About 70% of the total population at risk of Guinea worm disease in Africa has been surveyed thus far.

IN BRIEF

Cameroon: The National Guinea Worm Day has been re-scheduled to June 29, 1992.

Chad: The National Program Manager, Dr. Gagde Hinn-Dandje, attended the Peace Corps Workshop in Nouakchott in May where he discussed plans to begin active searches and intervention in a part of the endemic area this month. Chad is continuing to seek funding for its national search. Chad has also now established a national intersectoral committee for its Guinea worm eradication program.

Kenya: WHO/AFRO supported an exploratory visit by the National Program Manager, Dr. David Sang, to the endemic area of Turkana District for two weeks in June. A recent report of 12,000 refugees from southern Sudan having walked into Ethiopia and from there into the Turkana area of Kenya illustrates the potential for dissemination of disease in this region.

Pakistan: No cases of Guinea worm have been reported in 1992 as of the end of May. The National Program Manager, Dr. Mohammad Azam, visited the Indian Guinea Worm Eradication Program, including parts of Rajasthan and Andhra Pradesh States, from 17-24 May, with the support of the World Health Organization. A new Global 2000 resident advisor, Mr. Richard Miller, has been proposed to the government.

Uganda: A training course was held in May to prepare health workers in Kitgum District, the most highly affected part of Uganda, to begin village-based interventions against Guinea worm. Two motorcycles and some bicycles have been provided for interventions in Kitgum. External support for this course was provided by the International Service Volunteer's Association (AVSI), Global 2000, and UNICEF. The new Global 2000 resident advisor, Mr. Roger Follas, will arrive in Uganda in late June. District-by-district searches for cases are continuing.

FIRST JIMMY AND ROSALYNN CARTER AWARDS PRESENTED



The first annual Jimmy and Rosalynn Carter Awards for Guinea Worm Eradication were presented by the Minister of Health and Human Services, Prof. Olikoye Ransome-Kuti, in a ceremony attended by about 100 persons at the Nigerian Institute of International Affairs in Lagos on June 9. The Governor of Cross River State paid for 30 singers and musicians from Hope Waddel Institute to fly in to perform at the ceremony, which was followed by a luncheon honoring the award recipients. First Prize went to the singing group, Glorious Voices from Hope Waddel Institute, a secondary school in Calabar, "for its support of NIGEP activities through the clarion song <<1995 IS OUR TARGET>> and their many benefit performances in support of NIGEP". Second Prize was awarded to Mr. Aziz Adesope, a research assistant, "for research on market-based Guinea worm surveillance and work on the Guinea worm filter bucket and lid project", work he conducted in collaboration with Dr. William Brieger and

Prof. O.O. Kale in Oyo State. Third Prize went to Mr. N.B. Ugbebor, a health worker, "for exemplary performance as the NIGEP LGA Coordinator in Abubra Local Government Area, Cross River State". A special category "Outstanding Public Service" award was also made to Mr. Livinius Nwambe, LGA Chairman, "for his unyielding support of eradication efforts in Ikwo Local Government Area" (of Enugu State).

The two winners in Ghana will receive their awards in July. The awards, totaling \$1000 each for Ghana and Nigeria, are for the nationals who contribute the best idea or the best performance to the Guinea worm eradication program in their country. President and Mrs. Jimmy Carter announced their intention to donate money for these awards in July 1991. One of the awards in Ghana will be made to the Sekyeré East District Health Management Team, in the Ashanti Region, for education of communities about filtration procedures and mobilization of village volunteers for efficient submission of surveillance reports and distribution of program materials. The other 1992 award in Ghana is made to Wumenu Village in the Volta Region, for the villagers' self help in adopting filtration of pond water and organizing to construct hand dug wells and concrete rainwater catchment reservoirs.

WHO CONSULTATIONS ON CERTIFICATION OF ELIMINATION

WHO plans to begin country-specific consultations this year in response to requests for assistance in certification of elimination of dracunculiasis. Headquarters and/or regional WHO staff will visit Yemen, Iran, and Pakistan in Asia; as well as Central African Republic, Gambia, Guinea, and Guinea-Bissau in Africa before the end of 1992. Some funding for this activity has been provided in a grant to WHO from the OPEC Fund for International Development.

MEETINGS

TOGO TO HOST 1993 MEETING OF NATIONAL PROGRAM MANAGERS

The World Health Organization has confirmed that the second meeting of National Program Managers of Guinea Worm Eradication Programs will be held in Lome, Togo in March 1993. Specific dates for this meeting have not yet been established.

XIX INTER-AGENCY GROUP MEETING

The next meeting of the Interagency Coordination Group for Guinea Worm Eradication will meet in Washington D.C. on July 15, 1992. It will be hosted by The World Bank.

UNICEF TST MEETING

UNICEF plans to hold the 4th Meeting of its Technical Support Team (TST) for dracunculiasis eradication in Annecy, France on August 24-28, 1992. A principal topic of discussion

during this meeting will be sustainable village-based surveillance systems in areas with and without endemic dracunculiasis.

MILESTONE: TEN YEARS SINCE THE WORKSHOP ON OPPORTUNITIES FOR CONTROL OF DRACUNCULIASIS MET IN WASHINGTON D.C., JUNE 16-19, 1982.

Sponsored by the National Research Council of the USA, with funding provided by AID, staffed by Ms. Karen Bell of the NRC, and chaired by Dr. Myron Schultz of CDC, this was the first international meeting devoted to dracunculiasis.

QUOTE

"Until such time as the gap between rich and poor has narrowed, no nation can afford to deny some basic level of services while, in the longer term, aiming for the best that modern technology can provide."

*Mr. James Grant, Executive Director, UNICEF
Conference of African Water Ministers
Ouagadougou, Burkina Faso
3-5 February 1992.*



RECENT PUBLICATIONS

Adekunle, IA, Alagh, TBS, Babalakin, AA, Gbadebo, OS, Ogundiya, AL, Ohiegbonwan, EK, Olaiya, G, Taiwo, AA, 1991. Prevalence of Guinea worm infestation in Idere during the 1990 dry season. Dokita (Ibadan). 20:9-15.

Adeyeba OA, Kale OO, 1991. Epidemiology of dracunculiasis and its socio-economic impact in a village in south-west Nigeria. W Africa Med J, 10:208-215.

Anonymous, 1992. Eradication of dracunculiasis. Lancet, 339:924.

Brieger, WR, 1991. Finding Guinea worm: guidelines for developing and utilizing market based surveillance in rural Africa. New York: UNICEF, 46+pp.

CDC, 1992. Update: dracunculiasis eradication - Ghana and Nigeria, 1991. MMWR. 41:397-399.

Chippaux, J-P, 1991. Histoire de la filaire de Medine. Ass Anc El Inst Pasteur, 33:5pp.

Cole, CR, Kale, OO, 1991. Strategies for global eradication of Guineaworm. Dokita (Ibadan). 20:19-26.

Dama Mana, 1992. Impact de la dracunculose sur la production agricole dans le Mayo-Sava, Cameroun. Bull liais doc - OCEAC. March:25-26.

- Fabiyi, JP, 1991. Geographical distribution of dracontiasis in Bauchi State, Nigeria. Discovery and Innovation (ATB Univ, Bauchi). 3:72-76.
- Guiguemde, TR, Gbary, AR, Ouedrago, JB, 1991. [Dracunculosis control by three techniques in the south-west of Burkina Faso. Compared efficacy of the techniques]. Med Trop, 51:445-450.
- Hopkins, DR, 1992. Homing in on helminths. Am J Trop Med Hyg, 46:626-634.
- Imoru, PIE, 1991. Clinical manifestation, diagnosis and treatment of dracunculiasis. Dokita (Ibadan). 20:16-18.
- Petit, MM, 1989. Problems poses par l'eradication d'une maladie liee a l'environnement: cas de la dracunculose dans le sud-Togo. Geo-Eco-Trop, 13:41-53.
- Selby, P, 1992. Dracunculiasis: the end of the worm. Brit Med J, 304:1205.
- Sullivan, JJ, Bishop HS, Hightower, AW, 1991. Susceptibility of four species of copepods, from areas of endemic Dracunculus medinensis, to the North American D. insignis. Ann Trop Med Parasitol, 85:637-643.
- WHO, 1992. Dracunculiasis: India. Wkly Epidemiol Rec, 67:105-107.
- WHO, 1992. Dracunculiasis: Global surveillance summary, 1991. Wkly Epidemiol Rec, 67:121-127.
- WHO, 1992. Dracunculiasis: Update 1991, Pakistan. Wkly Epidemiol Rec, 67:137-138.

LIST OF DRACUNCULIASIS ERADICATION NATIONAL PROGRAM MANAGERS

Benin:

Dossou-Yovo, Julien M.
S/C UNICEF, Cotonou
BP 2791, Cotonou
Tel: (229) 300-942, 300-266
Telex: 5083; FAX: 300-697

Burkina Faso:

Dr. Hien, Roger
Ministere de la Sante et Action Sociale/DCMT
BP 7013, Ouagadougou
Tel: (226) 302790, 334938
FAX (c/o UNICEF): 300968

Cameroon:

Dr. Sam-Abbenyi, Amos
Ministry of Public Health
Yaounde
Tel: (237) 23-23-72, 22-44-19
Telex: 8564 KN; FAX: (237) 22-38-97

Central African Republic:

Dr. Fleurie Mamadou Yaya
BP 783, Bangui
Tel: (236) 61-59-61

Chad:

Dr. Gagde, Hinn-Dandje
Responsable du Programme National de
Lutte Contre la Dracunculose
BP 759, Ndjamena
Tel: (235) 512370/514454; FAX (c/o WHO): 513159

Cote d'Ivoire:

Dr. Boualou, Henri
Direction de la Sante Communautaire
BP V 16, Abidjan
Tel: (225) 324191; FAX (c/o WHO): 329969

Ethiopia:

Dr. Seyoum, Taticheff
National Research Institute of Health
P.O. Box 1242, Addis Ababa
Tel: (2511) 130642; FAX: 752533
Telex: 21522 NARIH ET

Ghana:

Dr. Bugri, Sam
Ministry of Health
P.O. Box 99, Tamale
Tel: (23321) 667-617; FAX: 668-556

India:

Dr. Kumar, Ashok
National Institute of Communicable Diseases
22 Sham Nath Marg, Delhi - 110 054
Tel: (9111) 291-3028, 252-1272, 252-1060
FAX (c/o WHO): 331-8607

Kenya:

Dr. Sang, David K.
Ministry of Health
P.O. Box 20750, Nairobi
Tel: (2542) 725-601
FAX (c/o WHO): 720-050

Mali:

Dr. Degoga, Issa
MSP/AS, BP 228, Bamako
Tel: (223) 226497
Telex (WHO): 2446; 2540
FAX (c/o WHO): 222335

Mauritania:

Dr. Sidi, Mohamed Ould Mohamed Lemine
S/C Bureau de l'OMS
BP 320, Nouakchott
Tel: (222) 252052; Telex: 811
FAX: 252268

Niger:

Dr. Kane, Mohamed Salissou
Ministere Sante Publique
BP 371, Niamey
Tel: (227) 72-37-83
FAX (c/o UNICEF): 73-34-68

Nigeria:

Dr. Sadiq, Lola Korede
Federal Ministry of Health
Ikoyi, Lagos
Tel: (2341) 684-073, 680-111, 680-518
FAX: 680-111

Pakistan:

Dr. Azam, Mohammad
Guinea Worm Eradication Program
National Institute of Health
Islamabad
Tel: (9251) 814651; FAX: 820797
Telex: 5811 NAIB PK

Senegal:

Dr. Abou Bekr Gaye
Ministere de la Sante Publique et Action Sociale
Dakar
Tel: (221) 24-74-34
FAX (c/o WHO): 235500

Sudan:

Dr. Sarrag, A. El Gizouli
Ministry of Health
P.O.Box 303, Khartoum
Tel: (24911) 71555
Telex: 22491 Wtto SD

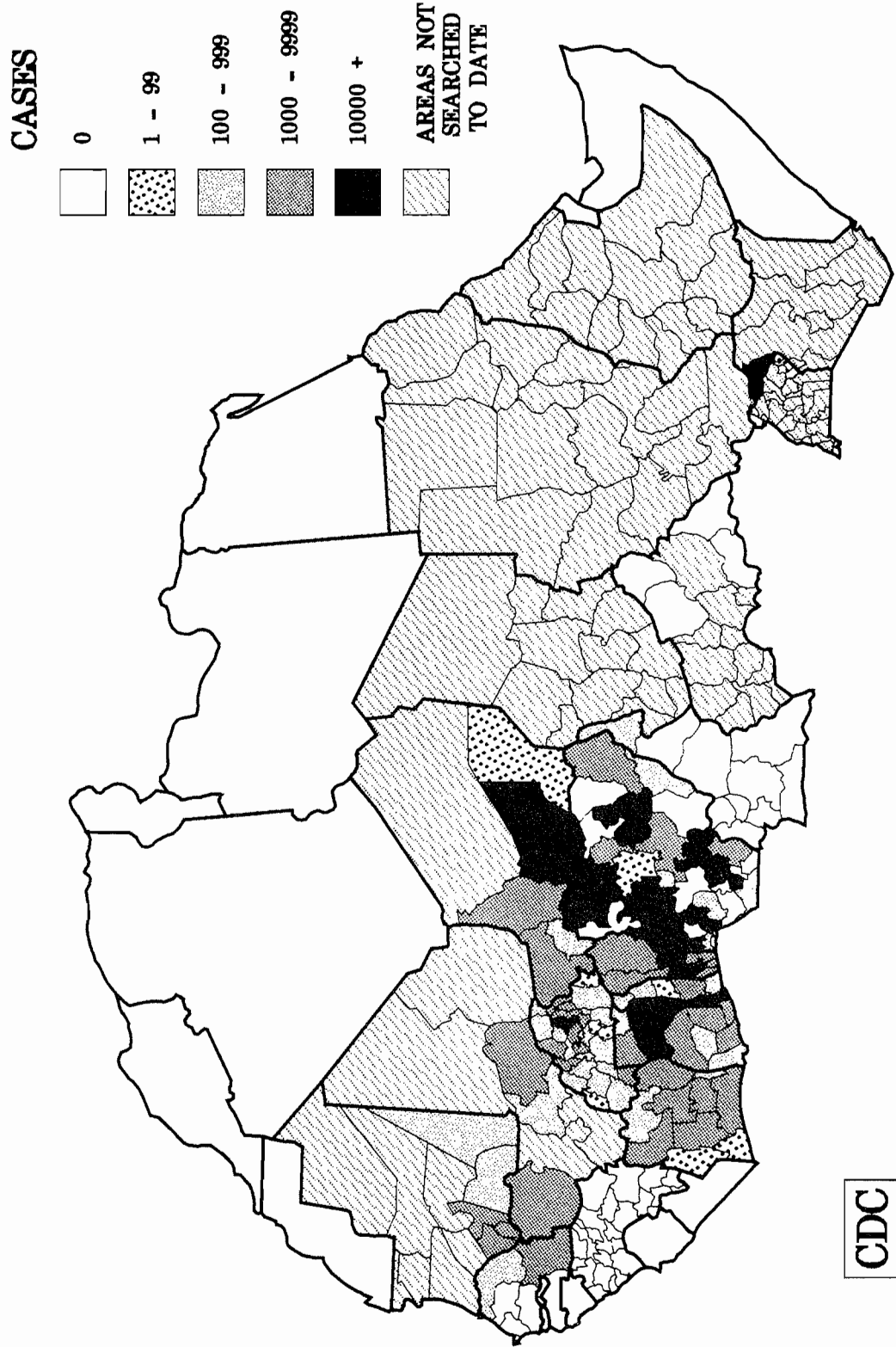
Togo:

Mr. Amegbo, K. Ignace
Institut National d'Hygiene
BP 1396, Lome
Tel: (228) 210633; FAX: 215969

Uganda:

Dr. Mpigika, Gilbert
ADMS/CDC
Ministry of Health
P.O. Box 8, Entebbe
Tel: (25642) 20719; FAX: 20608

NUMBER OF REPORTED CASES OF DRACUNCULIASIS IN AFRICA 1990 - 1991



CDC

5-22-92



CDC is the WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis