



Memorandum

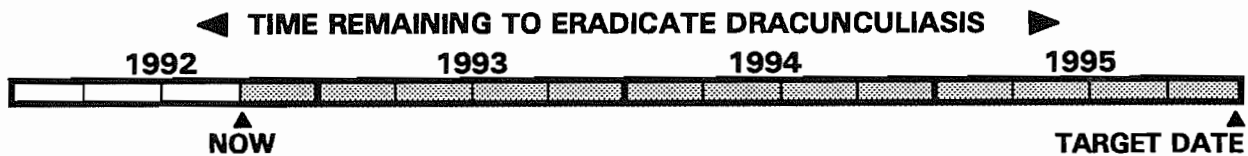
Date September 18, 1992



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


Subject GUINEA WORM WRAP-UP #37

To Addressees



PRESIDENT CARTER VISITS FIVE AFRICAN FRANCOPHONE COUNTRIES; GENERAL TOURE TO LEAD MALI'S BATTLE AGAINST GUINEA WORM

GLOBAL 2000



From 2-8 September, Former U.S. President Jimmy Carter visited Togo, Benin, Niger, Burkina Faso, and Mali, where he met with heads of state and ministers responsible for health, water supply, and rural development and urged them to step up their battle to eradicate Guinea worm by 1995. The heads of state visited were President Gnassingbe Eyadema of Togo, Acting President Desire Vieyra of Benin, President Ali Saibou of Niger, Capt. Blaise Compaore of Burkina Faso, and President Alpha Konare of Mali. All indicated they would give personal attention to the eradication effort in their respective countries. President Carter also heard reports by national coordinators of the programs and representatives of other collaborating agencies such as UNICEF, WHO, U.S. Peace Corps, and USAID. While en route to the five countries, President Carter stopped in Brazzaville and spoke to the annual meeting of African ministers of health at the regional office of the World Health Organization.

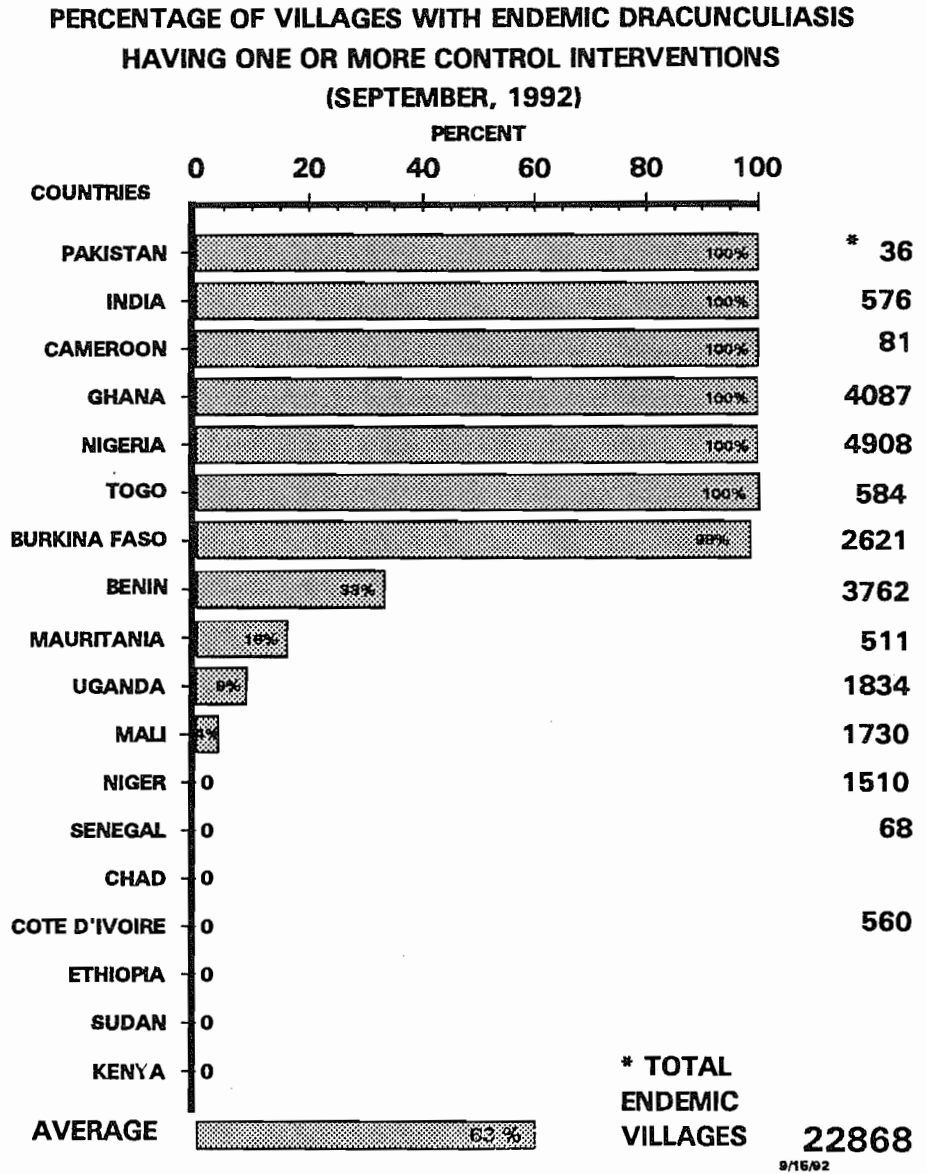
In Mali, President Carter and the former Malian head of state General Amadou Toumani Toure announced that General Toure, who led Mali's transition government until the inauguration of democratically-elected President Alpha Konare on June 8, would lead the fight to eradicate Guinea worm disease from Mali, with the full support of President Konare. General Toure also agreed to assist the eradication effort in other affected French-speaking countries.

The head of state of Burkina Faso, Capt. Blaise Compaore, presented President Carter with a sample of the cloth developed by the Burkinabe textile manufacturer, Faso Fani, that includes the logo of the eradication campaign (see GW Wrap-Up #36). The former U.S. president, who is the chairman of Global 2000, also visited the endemic villages of Bousse in Burkina Faso, and Boubon in Niger. The Government of Japan sent two observers to report on the president's visits to Niger and Mali. President and Mrs. Carter were accompanied by Global 2000 senior consultant Dr. Donald Hopkins, Mr. Andrew Agle, who is director of operations for the Global 2000 project of the Carter Center, and Dr. John Hardman, associate executive director of the

Carter Center. Temporary use of the private aircraft and crew which made this trip possible were donated to the Carter Center by ARCO (Atlantic Richfield Company).

STATUS OF ERADICATION EFFORTS

Eradiation of dracunculiasis requires the extension of surveillance and control interventions to 100% of endemic villages. Currently, dracunculiasis is known to be endemic in 22,868 villages in Africa (16 countries), India, and Pakistan. The best index of progress of eradication efforts, besides the reduction in numbers of cases, is the proportion of endemic villages in which one or more control interventions have been implemented (trained village-based health worker, health education, distribution of cloth filters, or recently provided with new or rehabilitated safe water supply). The graph on the right shows the current status of eradication efforts in each country.



UNICEF ALLOCATES \$5.7 MILLION MORE FOR GUINEA WORM



At the end of August, UNICEF announced that it had just approved for immediate disbursement to seven UNICEF country programs in September 1992 the additional sum of US\$ 5.707 million for Guinea worm eradication activities. Of this amount, \$3.5 million is for Nigeria, \$0.625 million for Benin, \$0.55 million for Niger, \$0.324 million for Ghana, \$0.298 million for Cameroon, \$0.21 million for Burkina Faso, and \$0.2 million for Mauritania. UNICEF is the largest single contributor to the Guinea worm eradication effort.

NATIONAL ACTIVITIES

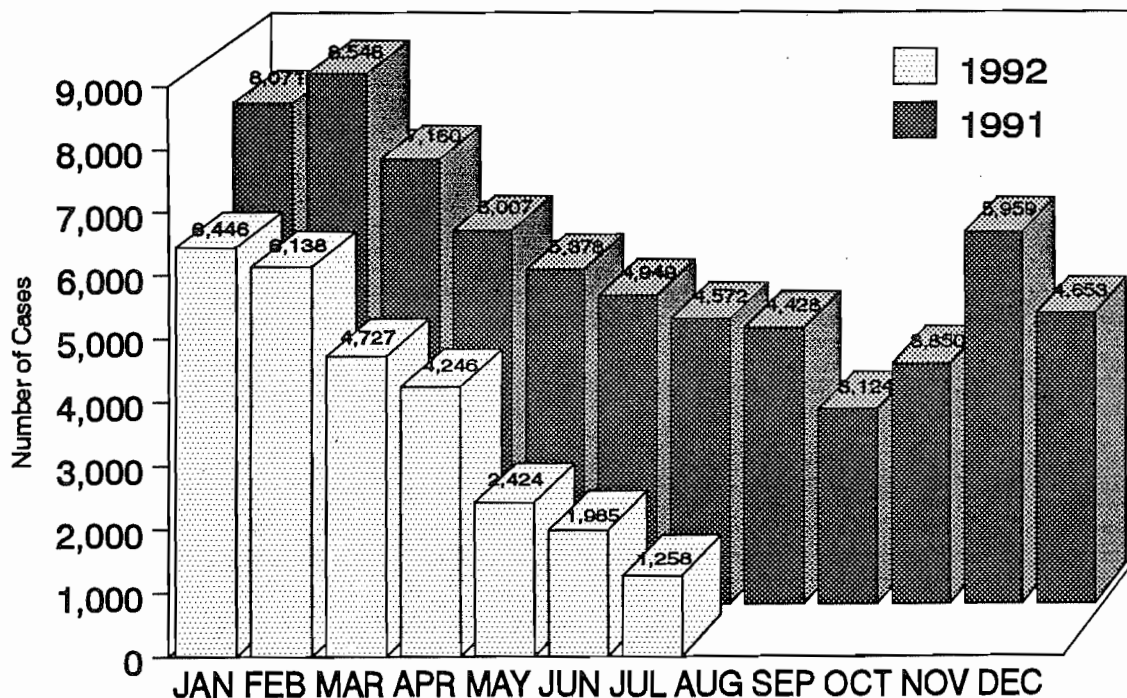


**GHANA:
DRAMATIC REDUCTIONS IN INCIDENCE**

As of the end of July, Ghana had reported a total of 27,248 cases of dracunculiasis in 1992, as compared to 44,662 cases during the same period of 1991 (see Figure below), an overall reduction in incidence of 39% so far this year. In the three-month period May-July, however, incidence was reduced from 14,899 cases in 1991 to 5,667 cases in 1992 - a reduction of 62%, and the reduction between July 1991 and July 1992 is 72%. The percentage of approximately 4,200 endemic villages reporting on time (within 30 days) for May, June, and July 1992 was 89.6%, 91.2%, and 91.8%, respectively. By the end of September, Abate treatment of selected water supplies and worm extraction will be a routine component of control measures in all regions except Northern Region.

Some 100,000 pamphlets for distribution to school children, and 10,000 teachers' manuals have been printed to support efforts to instruct pupils about Guinea worm disease before the next period of peak transmission begins in November. A shipment of the "Guinea worm cloth" from the Burkina Faso firm Faso Fani has arrived in country. It will be distributed to volunteer village-based health workers in endemic villages as an incentive. The British non-governmental organization, Water Aid, has agreed to provide 1000 wells in Upper West Region this year. Other recent pledges are by the International Women's Club (3 hand dug wells in endemic villages), the Great Word of God Church (adopted 8 endemic villages in Central Region), and the Cape Coast Catholic Archdiocese (will provide 35 boreholes and 41 hand dug wells in Central Region).

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



PAKISTAN:

16 CASES UP TO END OF AUGUST 1992

As of the end of August 1992, Pakistan had detected only 16 cases in the entire country for the first eight months of 1992, as compared to 71 cases during the same period of 1991 (a reduction of 77%). Of the 16 cases, 11 are from the North West Frontier Province (NWFP) village of Ganju; 3 cases are from Sind Province; 13 are from NWFP. Punjab Province, which reported 19 of the 106 cases found in the entire country in 1991, has had no case so far this year. The main transmission season in Pakistan is from April to October. [Two more cases were reported the second week in September, including 1 case in Punjab; both were infected in Ganju.]

INDIA:

553 CASES TO END OF JUNE 1992

India has detected 553 cases of dracunculiasis as of the end of June 1992. Of these, 299 (54%) are in Rajasthan, 160 (29%) in Karnataka, 71 in Madhya Pradesh, 21 in Andhra Pradesh, and 2 in Maharashtra. Over half of the cases in Rajasthan were identified prior to eruption of the worm. At the same time in 1991, a total of 1,431 cases had been reported in the first two searches of endemic areas (conducted in April and June). This is a reduction in incidence of 61% so far in 1992. In December 1991, 754 additional cases were detected in India's third search. The annual national "Guinea Worm Education Day" was held the last week of April 1992.

CAMEROON:

73 CASES TO END OF AUGUST 1992

As of the end of August 1992, Cameroon detected 73 cases of dracunculiasis this year. In 1991, a total of 283 cases were reported by the end of August. The main transmission season in Cameroon, where 338 cases were reported in all of 1991, is from April through September.

NIGERIA:

ADOPT-A-VILLAGE PROJECT LAUNCHED

In June, Osun State authorities and the NIGEP launched an "Adopt-a-Village" scheme in support of Guinea worm eradication activities in the state, located in southwestern Nigeria. A total of 134 deep wells and 11 water tanks were pledged for endemic villages, including 50 by the Better Life for Rural Women Commission. The remainder were pledged by Local Governments. Support for preparation of filters and health promotion activities were among the other support mobilized. The South East Zone of Nigeria has begun a major effort to get a new filter to all 150,000 households in endemic villages in the zone before the next main transmission season begins in that part of the country in October. The North West Zone has distributed over 175,000 filters since April 1992. The Government of Japan has agreed to provide borehole wells to 20 villages in an endemic area of Sokoto State, and Canada will provide 100 boreholes in the most highly endemic area of Ondo State. A total of 78 National Youth Service Corps volunteers have just been recruited to the program.

Monthly reporting data from July 1991 are still being compiled. Provisional results for the South East Zone show a reduction of 31.6%, from 85,647 cases in July 90/June 91 to 58,588 cases in July 91/June 92, with more than 90% of endemic villages reporting for each of the 12 months of that period. Provisional results for the North East Zone show a reduction of 12.5%, from 20,538 cases in 90/91 to 17,967 cases in 91/92. Plateau State in the latter zone reduced its total number of cases over the period by 65.2%, from 6,250 to 2,178. The Global 2000 resident advisor was made a chief in August. He is now "Chief Patrick McConnon, The Bassegun (Father of Medicine) of Akoko N.W. LGA of Ondo State".

TOGO:

INTERVENING IN 100% OF 584 ENDEMIC VILLAGES

Togo in mid-September completed training of village-based health workers and their supervisors for all 584 endemic villages in the country. These workers will begin monthly reporting of cases in September. USAID has provided motorbikes for use by supervisors in all 23 prefectures, and WHO has provided a 4-wheel drive vehicle. The program plans to distribute 14,000 nylon filters in the southern part of the country immediately, before the main transmission season begins there in October. Another 23,000 filters will be distributed in the northern part of the country in December, well before the transmission season begins there around next April. Funding is currently adequate to provide safe drinking water to all endemic villages in Savanes and Kara Regions, but there is a shortfall of about 240 wells needed for endemic villages in the Centrale, Plateaux, and Maritime Regions. The locations of all endemic villages have been mapped with the assistance of UNICEF. A "Guinea Worm Week" will be publicized nationwide in October. A shipment of "Guinea worm cloth" from Faso Fani has arrived in country, and will be distributed as an incentive to village-based health workers in endemic villages. JICA and U.S. Peace Corps are among the other agencies providing major support to this program.

BURKINA FASO:

INTERVENING IN 98.5% OF 2621 ENDEMIC VILLAGES

Burkina Faso has completed training of trainers and village-based health workers in 26 of 30 provinces. Workers in the remaining four provinces, which include a total of only 39 endemic villages, will be trained in October. This national program began full-scale implementation in July, shortly after funding became available from the World Bank in May as a part of the devolution plan for the Onchocerciasis Control Program. WHO and UNICEF are providing funding for the training. National mobilization days for dracunculiasis, onchocerciasis, and trypanosomiasis were held on July 16 and 17, with an opening ceremony attended by the minister of health. Other features included exhibitions, films, and interviews with persons from the health and water sectors. Over 80,000 nylon filters have been distributed so far. Monthly surveillance will begin in all endemic villages by the end of 1992. As in Togo, specific reporting forms have been developed. In Oubritenga Province, where interventions began in 1989 under a pilot project funded by Band Aid Foundation of the UK, the annual incidence of dracunculiasis was 3,203 cases in 1989, 2,746 in 1990, 1,194 in 1991, and 434 cases so far in 1992. Additional funding for rural water supply in endemic areas is planned by CCCE and JICA. Burkina estimates that the country is losing approximately US\$ 3 million in agricultural production annually because of dracunculiasis.

IN BRIEF

Niger: So far, interventions have begun only in the village of Boubon in Tillabery Department (aided by a United Nations Volunteer from Togo) and in an unknown number of villages in Mirriah and Maradi districts as a part of a health education and rural water supply program assisted by DANIDA. A national seminar to review results of the case search was held in Niamey on August 5-7. A national plan of action and a regional plan for Zinder, the most heavily affected department, have been developed.

Mali: A total of 17,716 cases of dracunculiasis in 1,730 endemic villages have been found so far in the national search. The overwhelming majority are in Kayes (8,699 cases, 712 endemic villages) and Mopti (8,643 cases, 850 endemic villages) Regions. The remainder are in Koulikoro and Segou Regions. Sikasso, Gao, and Timbuktu Regions have not yet been searched. UNICEF, World Bank, and CARE are providing assistance in interventions in Mopti; a consortium led by the World Bank plans to provide assistance in endemic areas of Kayes.

Uganda: The case search has been completed, covering all 15 districts in the northern half of the country. A provisional total of over 123,000 cases and 1,800 endemic villages have been identified. A workshop for sub-county coordinators in Kitgum District was held in May 1992, and a similar workshop for Moroto and Kotido Districts was held in July. These three districts include most of the Guinea worm disease in Uganda. Training of 80 village workers for Kitgum began at the end of July. The World Bank is assisting the provision of 85 borehole wells in Kitgum District.

Mauritania: 81 village-based health workers were trained and deployed in the 81 most highly-endemic villages of five regions in June-July 1992, beginning in Gorgol and Assaba Regions. Approximately 50,000 nylon filters were distributed in the same areas.

Ethiopia: The active case search began on September 11. Preliminary results indicate that 21 cases were identified in 50 villages searched in the southwestern part of the country, near the border with Sudan.

PROGRAM REVIEWS SCHEDULED

The next round of Program Reviews of national Guinea Worm Eradication Programs, to be conducted collaboratively by CDC, Global 2000, WHO, UNICEF, and UNDP, have been scheduled as follows:

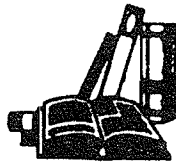
Entebbe	28-31 October	Ghana, Nigeria, Uganda
Bamako	3-5 December	Mali, Mauritania, Senegal
Ouagadougou	7-10 December	Burkina Faso, Niger, Cameroon
Abidjan	12-15 January	Benin, Togo, Chad, Cote d'Ivoire

NEW GUINEA WORM MOVIE TO BE SHOWN ON MIAMI TELEVISION

A 30-minute version of the new film produced by Director Sharon Baker of Teleduction Associates, "Guinea Worm: The End of the Road", is scheduled to be televised on the Public Broadcasting Station WPBT in Miami, Florida in January 1993. Discussions are continuing with other potential broadcasters.

MEETING

UNICEF's Technical Support Team for Guinea worm eradication held its 4th meeting at the Marieux Foundation in Annecy, France, 24-28 Aug 1992, to discuss: 1) the establishment of sustainable surveillance programs for dracunculiasis eradication and for other childhood preventable diseases in 16 African countries with endemic dracunculiasis and in 3 countries at risk of re-introduction of this disease, and 2) the identification of appropriate intermediate technologies for potable water supplies during the campaign to eradicate dracunculiasis.



RECENT PUBLICATIONS

Chippaux JP, Banzou A, Agbede K, 1992. [Social and economic impact of dracunculiasis: a longitudinal study carried out in 2 villages in Benin]. Bull WHO, 70:73-78.

Chippaux JP, 1992. The impact of dracunculiasis in a sugar-cane plantation. Trans R Soc Trop Med Hyg, 86:72.

Clarke KC, Osleeb JP, Sherry JM, Meert JP, Larsson RW, 1991. The use of remote sensing and geographic information systems in UNICEF's dracunculiasis (Guinea worm) eradication effort. Prev Vet Med, 11:229-235.

Pilotto L, Gorski J, 1992. Progress towards the eradication of dracunculiasis. J R Soc Health, 112:78-83.

Ranque P, Hopkins D, 1991. [Current status of the global campaign to eradicate dracunculiasis (guinea worm disease)]. Ann Parasitol Hum Comp, 66(suppl 1):37-40.

Silverfine E, Brieger W, Churchill A, 1991. Community-based initiatives to eradicate Guinea worm: a manual for Peace Corps Volunteers. Vector Biology and Control Project, Report No. 81134, pp.210. [The chapter on water resources (pp. 64-95) is an excellent discussion of alternatives and intermediate technologies for improving water supplies, similar to the CDC guidelines on various other aspects of dracunculiasis prevention and control.]

WHO, 1992. Dracunculiasis: Fourth Regional Conference on Dracunculiasis in Africa. Wkly Epidemiol Rec, 67:217-219.

WHO, 1992. Dracunculiasis: Update: Dracunculiasis eradication, Ghana and Nigeria, 1991. Wkly Epidemiol Rec, 67:230-231.

M.I.D. SHARMA (1919-1992): PIONEERING ERADICATOR

It is with immense sorrow that we report the death of a pioneer in the struggle to eradicate dracunculiasis. Dr. M.I.D. Sharma died in Delhi on July 17. As director of the National Institute of Communicable Diseases, and later Commissioner of Rural Health for India, Dr. Sharma directed his country's successful smallpox eradication campaign. He later served on two International Commissions for Certification of Smallpox Eradication: for West Africa, and for Burma (Myanmar). After his retirement in the late 1970s, he conceived and initiated a new program by the Government of India to build on its earlier success against smallpox by moving to eradicate dracunculiasis* During a visit to CDC shortly before or after attending the Workshop on Opportunities to Control Dracunculiasis in Washington D.C. in June 1982, he insisted that the benefits to accrue from the eradication of dracunculiasis were "infinite". His steadfast conviction, gentle encouragement, humor and wise advice were a source of strength over the years, especially as his friends and colleagues at CDC began developing the global dracunculiasis eradication initiative in 1980, in connection with the International Drinking Water Supply and Sanitation Decade. The world will remember his pioneering role when we celebrate the eradication of Guinea worm. His many friends will continue to miss him long after that great day.

* Sharma, MID, 1980. Lessons learnt from the intensified campaign against smallpox in India and their possible applicability to other health programmes with particular reference to eradication of dracunculiasis. J Communicable Dis 12:59-64.

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