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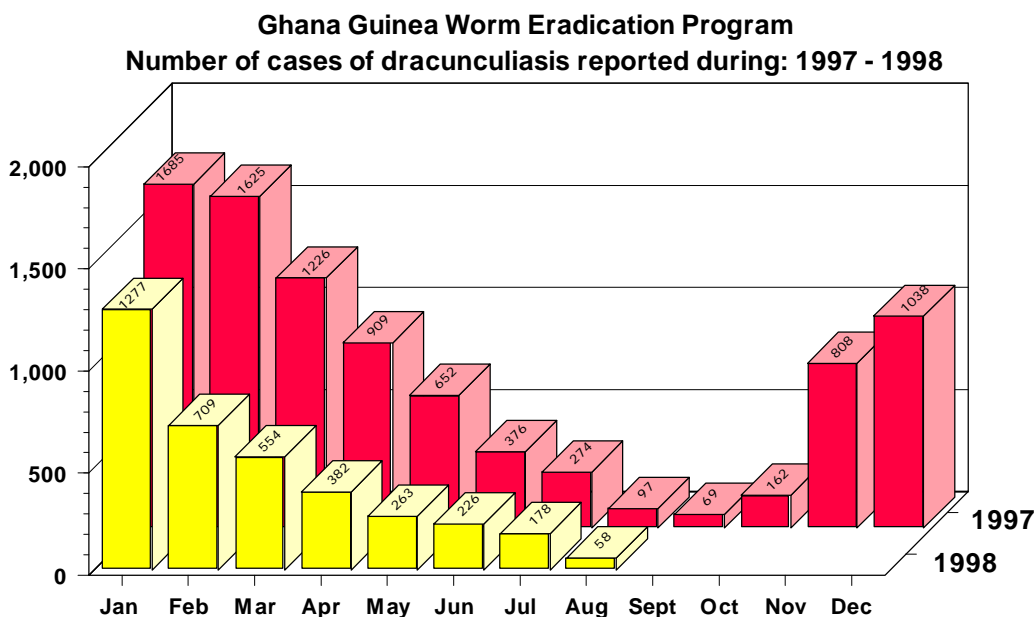
To Addresses

Detect Every Case, Contain Every Worm!

VICE-PRESIDENT OPENS GHANA'S PROGRAM REVIEW; GOVERNMENT OFFICIALS SIGN RESOLUTION TO END GUINEA WORM TRANSMISSION BY DECEMBER 1999

The Vice-President of Ghana, Prof. John Atta Mills, opened the first in-country national Program Review of the Ghana GWEP at the International Conference Center in Accra on September 28. In his remarks to the opening session of the two-day conference, the Vice-President urged the district assemblies to support the final push to complete the eradication of dracunculiasis from Ghana by the end of 1999. As a tangible manifestation of the new national resolve, all ten regional ministers, eight of whom attended the conference, as well as representatives of the Office of the President, the Minister of Health, Ghana Water and Sewerage Corporation, and the Community Water and Sanitation Department signed a *Resolution to Stop Guinea Worm Transmission by December 31, 1999*". The text of this unprecedented Resolution is reproduced elsewhere in this issue, as are the Recommendations developed during the Program Review. This Review was the first time that such high level political and medical authorities from all over the country had met to jointly plan and discuss the Guinea Worm Eradication Program.

Figure 1



Representatives of each of the ten regions presented a report on the status of dracunculiasis eradication efforts in their region. So far this year, Ghana has reported 47% fewer cases of dracunculiasis than in the same period of 1997 (Figure 1, 2, Table 1). During the Review, authorities agreed in principle to increase the amount of the reward for reporting of a case (the amount of increase and other modalities will be decided in subsequent discussions) in order to help improve the promptness of reporting and completeness of case containment. They welcomed the offer of Health and Development International, which was represented by Dr. Anders Seim, to provide additional funding for such rewards. Also attending the Review were Dr. Mary Grant of the president's office; the Minister of Health-designate Mr. Samuel Nuamah-Donkor; the National Program Coordinator Dr. Sam Bugri; Dr. Alhousseini Maiga of WHO; and a team from Global 2000/The Carter Center headquarters led by technical director Dr. Ernesto Ruiz-Tiben.

PRESIDENT COMPAORE VISITS THE CARTER CENTER, DISCUSSES BURKINA FASO'S GUINEA WORM ERADICATION PROGRAM WITH PRESIDENT CARTER



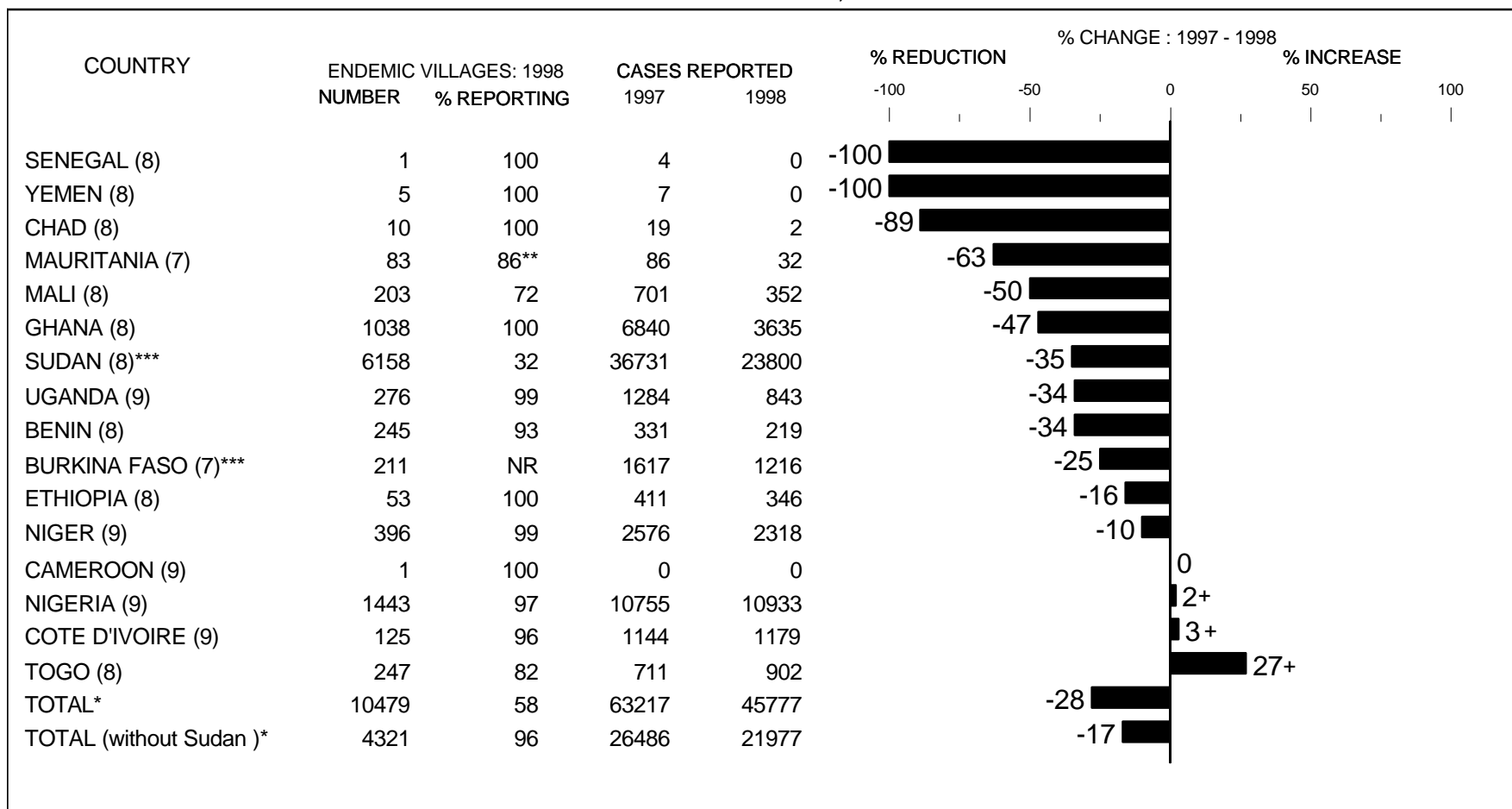
Current Organization of African Unity (OAU) chairman and President of Burkina Faso Blaise Compaore discussed the status of his country's Guinea Worm Eradication Program, as well as other issues, with former U.S. President Jimmy Carter during a visit by President Compaore to The Carter Center in Atlanta on September 24. At a brief press conference following their discussions, President Compaore stated his intention to take action to strengthen Burkina Faso's program. In follow up to this meeting, Global 2000 director of operations Mr. Andrew Agle visited Ouagadougou on October 5-7, and met with the minister of public health Mr. Alain Ludovic Tou, secretary general Dr. Mathias Some, and national program coordinator Dr. Maxime Drabo, among others. Also attending these meetings were WHO country representative Dr. Liliane Barry and OCCGE deputy director Dr. Mathias Hien. The soon-to-be re-launched Burkinabe program is preparing a national Plan of Action and budget for 1999-2000, with the aim of eradicating dracunculiasis from the country by December 31, 2000. This program is also being assisted by UNICEF, U.S. Peace Corps, and the World Bank.

UGANDA APPOINTS NATIONAL STEERING COMMITTEE TO MONITOR PRE-CERTIFICATION



According to a report received from the national program coordinator, Dr. J. B. Rwakimari, the Ugandan Ministry of Health has appointed 11 members to a National Steering Committee for the Guinea Worm Eradication Program. The committee is charged to help the program eradicate dracunculiasis in the country by the end of 1999, and to monitor the pre-certification period between cessation of transmission and certification of eradication of the disease in the country. The committee is chaired by the director of health services operations, Dr. Sam Zaramba. Other members include the commissioner health services for communicable disease control Dr. Sam Okware, the national program coordinator, former national coordinator Dr. Gilbert Mpigika, and local district chairmen of the remaining endemic districts. The National Steering Committee held its first meeting, which was also attended by representatives of UNICEF and WHO, on October 6. Topics discussed at that meeting included the increasing cases in Kitgum District, insecurity in the Karamoja Region (Moroto and Kotido Districts), and introduction of the reward system in Karamoja. So far this year, 161 (16.7%) of the 957 cases reported by Uganda were imported from Sudan (Table 1).

**PERCENTAGE OF ENDEMIC VILLAGES REPORTING
AND PERCENTAGE CHANGE IN NUMBER OF INDIGENOUS CASES OF DRACUNCULIASIS
DURING 1997 AND 1998 *, BY COUNTRY**



* Provisional. Totals do not include imported cases.

** During January - March. Percent reporting during April - July not reported.

*** Countries with low rate of reporting (< 50%) from endemic villages. Percent reductions are over estimates due to under reporting from endemic villages.

(8) Denotes number of months for which reports were received, e.g., Jan. - Aug., 1998

NR Indicates No Reports Received.

NUMBER OF CASES CONTAINED AND NUMBER REPORTED BY MONTH DURING 1998*
(COUNTRIES ARRANGED IN DESCENDING ORDER OF CASES IN 1997)

COUNTRY	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
SUDAN	465 / 1328	856 / 1254	889 / 1524	1618 / 2627	2125 / 3474	3421 / 5640	2476 / 5568	433 / 2385	/	/	/	/	12283 / 23800	52
NIGERIA	1498 / 1511	1224 / 1305	1211 / 1279	854 / 942	949 / 1220	953 / 1485	941 / 1389	764 / 1163	/	/	/	/	8394 / 10294	82
GHANA **	870 / 1277	535 / 709	478 / 554	276 / 382	208 / 263	169 / 226	132 / 178	40 / 58	/	/	/	/	2708 / 3647	74
NIGER	7 / 11	4 / 4	5 / 5	42 / 43	129 / 168	277 / 367	411 / 687	378 / 575	/	/	/	/	1253 / 1860	67
BURKINA FASO	1 / 1	1 / 6	1 / 16	12 / 154	118 / 281	57 / 404	130 / 354	/	/	/	/	/	320 / 1216	26
TOGO	78 / 265	25 / 130	36 / 94	32 / 47	30 / 47	57 / 74	59 / 124	73 / 123	/	/	/	/	390 / 904	43
UGANDA ***	7 / 8	3 / 6	24 / 43	167 / 226	190 / 295	159 / 182	117 / 127	64 / 70	/	/	/	/	731 / 957	76
COTE D'IVOIRE	151 / 251	110 / 138	115 / 184	65 / 195	110 / 158	96 / 121	32 / 40	24 / 39	/	/	/	/	703 / 1126	62
MALI	9 / 10	2 / 5	0 / 0	18 / 24	4 / 8	21 / 63	41 / 94	93 / 149	/	/	/	/	188 / 353	53
BENIN	88 / 103	22 / 36	10 / 10	29 / 30	26 / 26	10 / 10	6 / 6	8 / 8	/	/	/	/	199 / 229	87
ETHIOPIA	1 / 1	6 / 6	10 / 11	58 / 60	70 / 73	87 / 89	79 / 84	28 / 28	/	/	/	/	339 / 352	96
MAURITANIA	0 / 0	0 / 0	0 / 0	4 / 4	0 / 0	1 / 1	27 / 27	/	/	/	/	/	5 / 32	16
CHAD	0 / 0	2 / 2	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	2 / 2	100
YEMEN	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	0 / 0	~
SENEGAL	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	0 / 0	~
CAMEROON ****	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	4 / 4	/	/	/	/	/	/	5 / 5	100
TOTAL*	3175 / 4766	2790 / 3601	2779 / 3720	3175 / 4734	3960 / 6014	5312 / 8666	4424 / 8678	1905 / 4598	0 / 0	0 / 0	0 / 0	0 / 0	27520 / 44777	61
% CONTAINED	67	77	75	67	66	61	51	41					61	

* Provisional

** Reported 1 case imported from Togo in May and 11 in June.

*** Reported 5 cases imported from Sudan in March, 13 in April, 49 in May, 41 in June, 45 in July, and 7 in August.

**** Reported 2 cases imported from Nigeria in May, and 4 in June.

ETHIOPIA HOLDS NATIONAL PROGRAM REVIEW, TARGETS 1999



ETHIOPIA

The Ethiopian Dracunculiasis Eradication Program (EDEP) convened a national program review meeting on September 17-18 at Awassa. According to a report by the national program coordinator, Dr. Desta Alamerew, the meeting was attended by program staff of all levels, from field coordinators to the regional health bureau head in South Omo, and from woreda (district) coordinators to regional program coordinators in Gambella Region. Also attending were representatives of Global 2000/The Carter Center (Mr. Teshome Gebre), UNICEF (Mr. Birendra Shrestha), and WHO (Dr. Eyob Tsegaye). Dr. Zeleke Gobe, the deputy regional health bureau head for the Southern Region, renewed commitment to the EDEP by stating, "We will do everything possible to stop transmission in South Omo in 1999". The meeting ended by endorsing the set target to eradicate dracunculiasis from the country by December 31, 1999.

At the annual external Program Review of this program, which was held in Nairobi, Kenya on September 25, it was reported that during the first eight months of this year, Ethiopia has reduced the incidence of dracunculiasis by 16% compared to 1997, with a reported case containment rate of 96% (Table 1, Figure 2). (South Omo reports 5 cases (all contained) in September 1998 vs. 17 cases in September 1997.) Recommendations from the Nairobi review are listed on page 10 of this issue. Forty-five villages have reported one or more cases so far in 1998. In South Omo, at least three of the 7-8 rainwater catchment tanks have been completed with the support of UNICEF, Global 2000, and the Swedish Philadelphia Church Mission, and these have been well received by the local population. Potentially endemic areas in Akobo (Gambella Region) and Naita (South Omo Region) are still inaccessible because of insecurity and geography.

SUDAN: COORDINATION MEETING HELD IN NAIROBI; 1999 TARGET SET FOR NORTHERN STATES



SUDAN

Representatives of the Sudan Guinea Worm Eradication Program (SGWEP) (Government of Sudan and Operation Lifeline Sudan/South), as well as representatives of some external partners (The Carter Center/Global 2000, UNICEF, WHO), met in Nairobi, Kenya on September 24-25 to review the status of the program and consider plans for 1999. The national program coordinator, Dr. Nabil Aziz, reports that one of the eight endemic states in the north of the country has reported no cases in January-July 1998, and almost half (131) of the 270 cases reported from the remaining northern states were from Sinnar. Overall, the northern states of Sudan have recorded a reduction of 34% in the incidence of dracunculiasis during the first seven months of 1998 (from 402 to 270 cases), which follows a reduction of 55% during the same period in 1997. The SGWEP has set a target to stop transmission of dracunculiasis in the northern states by the end of 1999.

Overall, Sudan has reported a total of 21,192 cases of dracunculiasis in 1998 so far, and is tracking a total of 6,152 endemic villages. Most of Sudan's cases (83%) are located in the areas of southern Sudan being assisted by The Carter Center and more than 20 other Non-Governmental Organizations under the auspices of Operation Lifeline Sudan (OLS). In these areas, the percentage of known endemic villages providing regular monthly reports has declined from 47% in 1996 to 36% in 1997 and 33% in January-July 1998. The declines in reporting and interventions in 1998 so far have been due to famine in Bahr Al-Ghazal, increased strife and/or lack of access in areas of all three zones, decreases in support to the OLS infrastructure, and devotion of significant time of Carter Center dracunculiasis staff to support of the polio

National Immunization Days in February-April 1998. So far this year, over 20,000 health education sessions have been held in OLS/S areas, and nearly 255,000 cloth filters have been distributed by the program. The program also plans to begin using Abate later this year in small areas of Equatoria, in collaboration with Aktion Africa Hilfe (Maridi), ACROSS (Rumbek), and MRDA (Mundri)

SENEGAL: NO CASES FOR ONE YEAR !!!



Senegal has now reported zero cases through the end of August in 1998 (Table 1). Of the four cases reported in Senegal in 1997, three occurred in June and one in July. Thus, this country has had no cases for over 13 months, and presumably has eradicated indigenous dracunculiasis. Congratulations to national program coordinator Dr. Abu Bekr Gaye and field coordinator Mr. Georges N=Diaye and their colleagues !!! Yemen, Cameroon, and Chad are close to achieving the same milestone (Table 1 and Figure 3).

IN BRIEF:

Representatives of the Guinea Worm Eradication Programs of Mali and Niger held a cross-border meeting on September 18-19 at Menaka, in eastern Mali.

An annual Program Review of the Togolese Guinea Worm Eradication Program was held in Accra on September 30 in conjunction with the Ghanaian Program Review. National program coordinator Mr. K. Ignace Amegbo, his deputy Mr. Kofi Otogbe, and assistant director of U.S. Peace Corps/Togo Mr. Tchao Bamaze represented Togo. Representatives of the Togolese and Ghanaian programs also discussed cross-border issues at this meeting. Recommendations from this Program Review are also included in this issue.

MAP International donated CFA 3 million (US \$5,455) to the Guinea Worm Eradication Program in Côte d'Ivoire for procurement of medical supplies (health kits) for village health volunteers, and health education pamphlets for primary schools in endemic villages.

RECOMMENDATIONS FOR THE GHANA GUINEA WORM ERADICATION PROGRAMME (GWEP)

Generated from the Ghana National Guinea Worm Eradication Programme Review
September 28-29, 1998
International Conference Center, Accra, Ghana

Faced with the need to halt all transmission of Guinea worm disease by December 31, 1999 (as requested by the Vice President of Ghana during the National Programme Review), and also with the uncertainty of being able to effectively prevent patients with emergent Guinea worms from contaminating sources of drinking water, this assembly recommends that:

1. The Ghana GWEP should comply with the international definition of case-containment as defined in the publication ACase Containment Strategy for Eradication of Dracunculiasis in Africa@.
2. The quality of supervision must be improved at all levels. The national, regional, and district management teams should ensure that surveillance information is verified, analyzed, displayed, and used at district, sub-district, and community levels to anticipate and focus interventions.
3. The regular monthly surveillance visits of the District Health Management Teams on the state of health in the districts should extend to identification of Guinea worm disease so that all currently unknown endemic

- villages will be identified and interventions put in place before the end of 1998.
4. The Ghana GWEP in the Northern Region should consider quickly investigating why filter usage is unpopular and correct the problem.
 5. The management needs to create a means for receiving feedback information from each supervisory visit to endemic villages. Hence, the Ghana GWEP needs to design and implement a new supervisor's checklist form. (A prototype of this form has been made available to the Ghana GWEP.)
 6. Rewards for cases reported should be increased so that cases will be enticed to come forward immediately and allow themselves to be isolated until the emerged worm(s) are completely expelled. Information about these rewards should be disseminated nationwide by all available means as soon as possible. Arrangements must be made to ensure that implementation of these awards is done fairly and equitably.
 7. To detect every case and contain every worm, community-based surveillance must be 100% sensitive. Therefore, the Ghana GWEP needs to have all supervisors check a sample of households in each endemic community visited to determine if additional, undetected cases are occurring or have occurred.
 8. In the context of integrated district health department, every effort should be made to maintain active surveillance using Ghana GWEP village volunteers or their equivalent in all previously endemic villages. Consideration should be given to involving Unit Committee members in the work of village volunteers.
 9. A comprehensive list of endemic villages should be created which identifies hamlets and difficult-to-serve communities. This list should be continuously updated.
 10. In preparation for certification, the Ghana GWEP should improve record-keeping at all levels.
 11. As requested by the ICCDE, the Ghana GWEP should provide all available data on the strategy of surgical extraction.
 12. The Ghana GWEP should use the official form provided by WHO for international reporting.
 13. Efforts should be made to provide Savelugu with potable water supply as soon as possible.
 14. The Ghana GWEP should assess the status of safe sources of drinking water in all endemic villages, including the number of safe water sources available, those in need of repair, and the number of new rehabilitated sources planned and by what date. Villages slated for potable water should be prioritized so that all endemic communities have access to potable water by December 31, 1999. District Assemblies should consider potable water as key to their development plans, and assure that provisions are made in their 1999 common-fund budget for potable water in endemic villages.
 15. The Regional Coordinating Councils should strengthen their coordinating role to enable various departments to share their problems and find common solutions. This will enhance inter-sectoral collaboration.
 16. The Ghana GWEP should seek special funding in order to be able to carry out all activities aimed at eradicating the disease by December 31, 1999.
 17. The Ghana GWEP should attain complete filter coverage and use for all endemic villages by November 1, 1998.

RESOLUTION TO STOP GUINEA WORM TRANSMISSION IN GHANA
BY DECEMBER 31, 1999

Guinea Worm Disease has hindered the development of Ghana for hundreds of years. Since 1988, when the President of the Republic, Flight Lieutenant Jerry John Rawlings, launched the National Guinea Worm Eradication Programme, enormous progress has been made toward the goal of total eradication by using the programme interventions of health education, case containment, filtering water, and treating unsafe water with Abate. In October 1967, President Rawlings re-launched the Guinea Worm Eradication Programme after a period of minimal progress to revitalize our efforts toward elimination of the disease.

As one of the leading countries in the West African community, Ghana must ensure its place among the first countries to eradicate Guinea Worm Disease. We, the participants, commit to this goal and accept the fact that Guinea Worm Eradication is a national priority. We will use the following strategies to achieve our goal:

- Ministers, Traditional Leaders, Chiefs, Elected Officials, Civil Servants, and the communities infected resolve

to increase awareness of Guinea Worm Disease transmission and how to prevent Guinea Worm Disease.

- Every Ghanaian resolves to Detect every case and contain every worm. Any case of Guinea Worm Disease will be reported IMMEDIATELY to the Guinea Worm Village Volunteer or other health worker and the patient will not be allowed to enter a water source and contaminate the water source.
- Since many rural communities affected by Guinea Worm Disease have difficulty paying their mandatory contribution toward water projects, we will encourage our District Assemblies to resolve to assist Guinea Worm endemic villages by underwriting the costs or providing loans so that the infected communities can have access to clean water. Development in any district without safe water supply is not development.
- We will encourage our local legislative bodies to enact by-laws that prohibit people who have Guinea Worm Disease from entering into water bodies and contaminating the water.
- We will do everything in our power to ensure that all programme interventions are functioning completely and the programme detects every case and contains every worm.
- Rural Water and Sanitation Division of Ghana Water and Sewerage, in collaboration with District Assemblies, will be exhorted to provide safe drinking water to all remaining Guinea Worm endemic villages before December 31, 1999.

RESOLUTION TO STOP GUINEA WORM TRANSMISSION IN GHANA
BY DECEMBER 31, 1999

We, the Regional Ministers assembled at the Ghana National Guinea Worm Eradication Programme Review held in Accra on September 28 and 29, 1998, resolve to take all necessary measures to stop transmission of Guinea Worm Disease (dracunculiasis) in Ghana by December 31, 1999. We commit our total support to the goal of eradicating Guinea Worm Disease, as outlined in the attached document.

Signatures:

The Office of the President of the Republic

The Minister of Health

Ghana Water and Sewerage Corporation

Community Water and Sanitation Department

The Regional Minister of Western Region

The Regional Minister of Central Region

The Regional Minister of Eastern Region

The Regional Minister of Greater Accra

The Regional Minister of Ashanti Region

The Regional Minister of Volta Region

The Regional Minister of Northern Region

The Regional Minister of Brong Ahafo Region

The Regional Minister of Upper West Region

The Regional Minister of Upper East Region

RECOMMENDATIONS FOR THE TOGO GUINEA WORM ERADICATION
PROGRAM (GWEP)

Generated from the Togo National Guinea Worm Eradication Program Review
September 30, 1998
Novotel Hotel, Accra, Ghana

1. The Togo Government, in collaboration with the Ministry of Health, is encouraged to officially declare, as soon as possible, its intent to halt all transmission of dracunculiasis by December 31, 2000.
2. The Togo GWEP should comply with the international standards and definition of case containment, and review this as part of regular review and supervision meetings.
3. The Togo GWEP should intensify supervision and provide all supervisors with a checklist of what activities they must conduct during their supervisory visits.
4. The Togo GWEP should submit to potential donors, as soon as possible, a list of all endemic villages in the country which need a safe source of water but have not raised sufficient base money to qualify for borehole drilling.
5. The Togo GWEP should impress upon the political authorities to use the presence of Guinea worm disease in endemic villages as an indicator of priority for the provision of safe water. In particular, the Togo GWEP should explore avenues, including strong advocacy with donors and political authorities, to provide 50 endemic villages in the Plateau Prefecture with safe water.
6. The Togo GWEP, as it intensifies Abate treatment nationwide, should conduct periodic checks to ensure that the Abate is being properly and accurately applied.
7. The Togo GWEP should continue to investigate methods of distributing filters to farmers, hunters, and other individuals who must depart households without filters and therefore may be at risk of acquiring Guinea worm disease by drinking unfiltered, unsafe water.
8. The Togo GWEP should, in collaboration with its neighboring endemic countries, arrange monthly cross-border meetings between endemic prefectures and sous-prefectures which share a common border.
9. To improve surveillance, the Togo GWEP should start maintaining case lists up to the regional level, for use during regular cross-border discussions with neighboring endemic countries.

RECOMMENDATIONS FOR THE SUDAN GUINEA WORM ERADICATION
PROGRAM (SGWEP)

Generated from the Coordination Meeting
September 24-25, 1998
Nairobi Safari Club Hotel, Nairobi, Kenya

1. Before the start of the next transmission season, the SGWEP should develop a case-registry or line list, to collect data on individual cases from the eight endemic northern states. The data collected should be selected to help the program identify and target populations at risk for Guinea worm disease.
2. Before the start of the next transmission season, the SGWEP should start collecting data on uncontained cases from the eight endemic northern states to determine why the cases were not contained (e.g., case detected too late, insufficient treatment supplies, village volunteer not present). In addition, active surveillance should be maintained in all formerly endemic villages and the two formerly endemic northern states.
3. The SGWEP should continue to intensify surveillance, supervision, and interventions in the remaining endemic villages of the northern states to stop transmission by the end of 1999.
4. Especially in the south, Government of Sudan (GOS), Operation Lifeline Sudan (OLS), and individual non-government organizations (NGOs) should consider using informal communications channels to solicit information on Guinea worm disease on a regular basis from areas outside their areas of ordinary operation. These same informal channels into areas which are not formally accessible should, when possible, also be used for the distribution of health education materials.
5. To improve the health of displaced persons and to advance the Guinea worm eradication efforts, the SGWEP should carry out rapid epidemiological assessments to determine appropriate Guinea worm eradication

interventions in the feeding centers, when feasible and non-disruptive to the primary goal of the feeding centers, in order to detect and contain every Guinea worm case.

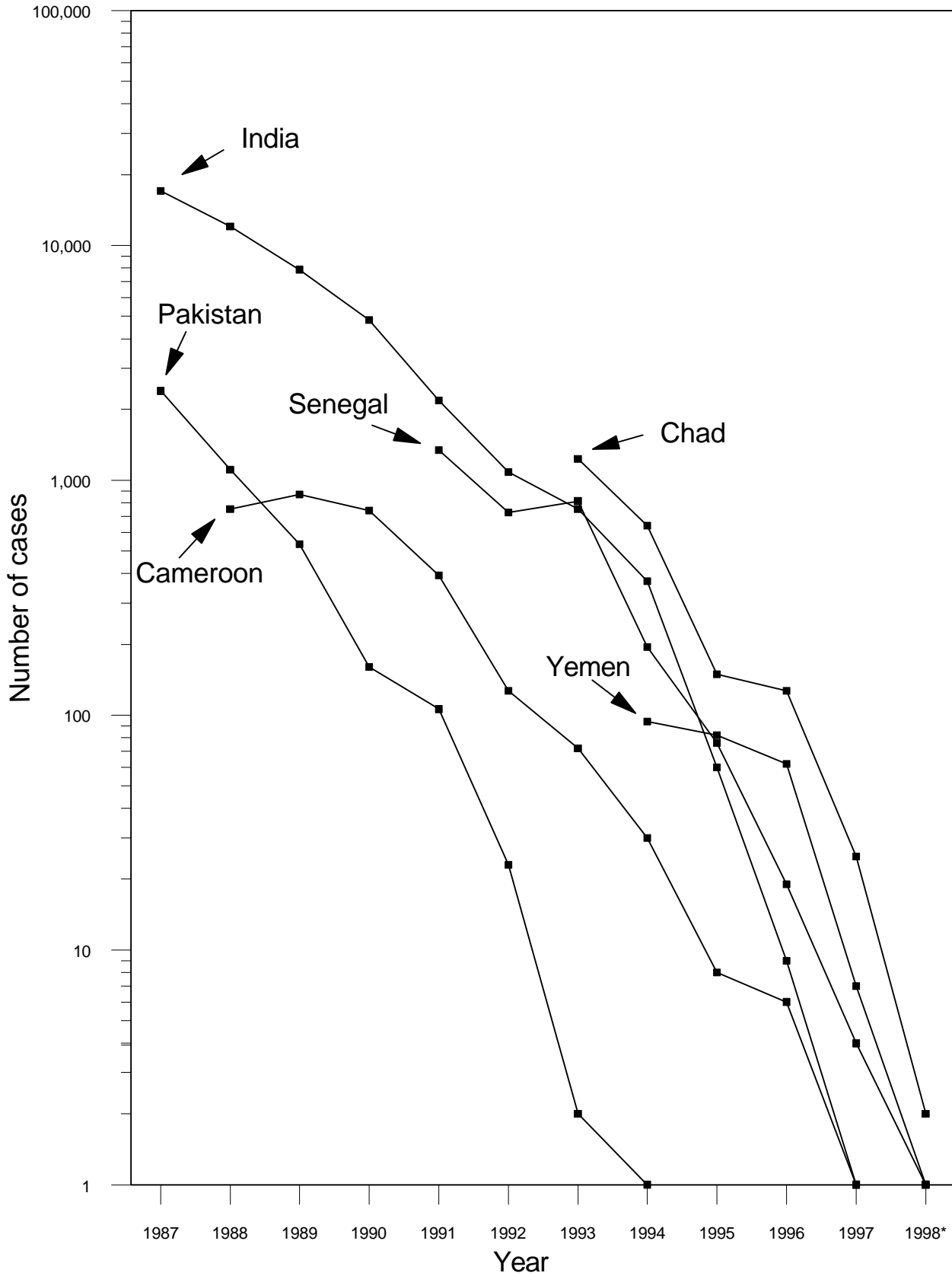
6. The SGWEP needs to implement the use of checklists for supervisors. These checklists should include instructions for assessing the use of filters by villagers and for ascertaining whether undetected cases of dracunculiasis exist in the community.
7. The SGWEP should develop an inventory of sources of safe drinking water in all accessible endemic villages. The inventory needs to indicate the number of sources, whether these are functioning or in need of repair, and if new sources or rehabilitation of existing ones are planned.
8. The SGWEP should explore the feasibility of implementing Guinea worm eradication interventions in endemic areas where no NGOs are working through the involvement and direct support of the humanitarian wings of the local movements.
9. The SGWEP should explore ways of improving program sustainability in unstable areas, including the appointment of Sudanese Guinea worm personnel.

RECOMMENDATIONS FOR THE ETHIOPIA DRACUNCULIASIS
ERADICATION PROGRAMME (EDEP)

Generated from the Program Review Meeting
Held September 25, 1998
Safari Club Hotel, Nairobi, Kenya

1. The EDEP should ensure that all interventions and operational support are in place in South Omo by the next transmission season.
2. A team of outside consultants should visit Gambella and South Omo to visit every endemic village and their neighboring villages to ensure that every Guinea worm eradication intervention is in place and ready for the next transmission season. This team should be made up of at least two people and should spend between one to three months working in Ethiopia.
3. Using existing channels of communication available to The Carter Center, seek formal approval from the governments of Ethiopia and Sudan to conduct cross-border activities along the Sudan/Ethiopia border.
4. The EDEP should coordinate case search and intervention activities along the Sudan border through NGOs operating from the Sudan side. Report data back to the EDEP through the national secretariat or informally through Global 2000 offices in Nairobi and/or Addis Ababa.
5. Given the recent material constraints of the EDEP and the nearness of the program's target date of zero transmission by December 1999, UNICEF is requested to expedite the delivery of the promised vehicles and motorcycles so that transportation can be in place at least one month before the start of the 1999 transmission season.
6. The EDEP should work with external partners to secure the collaboration of Ethiopian military authorities to conduct or facilitate searches of Guinea worm cases and Guinea worm eradication interventions in Akobo.
7. The EDEP should ensure that the anthropological study in South Omo is conducted by December 1998, and the results should be incorporated into on-going health education messages and disseminated before the next transmission season.

Decline of cases of dracunculiasis in least endemic countries: 1988 - 1998*



* January - August 1998 reports are provisional

MEETINGS

- ◆ Nigeria's Guinea Worm Eradication Program will hold a national Program Review on October 28, 1998 in Abuja, Nigeria.
- ◆ The 36th Interagency Coordinating Group Meeting will be held on January 13, 1999 at The World Bank headquarters, Washington, DC.

RECENT PUBLICATIONS

Diamenu SK, Nyaku AA, 1998. Guinea worm disease - a chance for successful eradication in the Volta Region, Ghana. Soc Sci & Med, 47:405-410.

Hopkins DR, 1998. Perspectives from the dracunculiasis eradication programme. Bulletin WHO, 76 (Suppl 2):38-42.

*Inclusion of information in the Guinea Worm Wrap-Up does not constitute "publication" of that information.
In memory of BOB KAISER.*

For information about the GW Wrap-Up, contact Trenton K. Ruebush, MD, Director, WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis, NCID, Centers for Disease Control and Prevention, F-22, 4770 Buford Highway, NE, Atlanta, GA 30341-3724, U.S.A. FAX: (770) 488-4532.



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