

Date: October 3, 2003

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

Subject: GUINEA WORM WRAP-UP #136

To: Addressees

**Does Your Program Have Specific Measurable Objectives For 2004?**

*“Those who say it cannot be done should not interrupt the people doing it.” Chinese proverb*

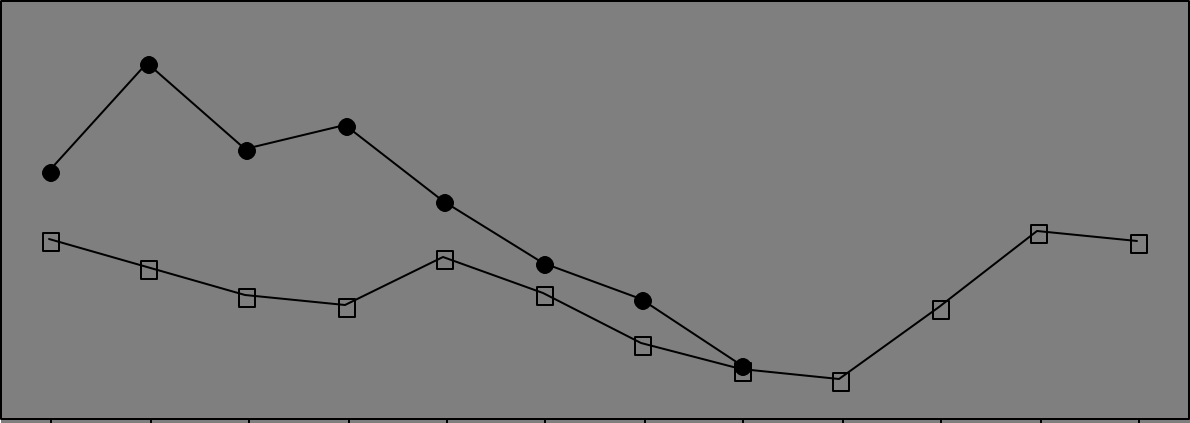
**PROGRAM REVIEW FOR GHANA, NIGERIA AND SUDAN HELD IN ATLANTA**

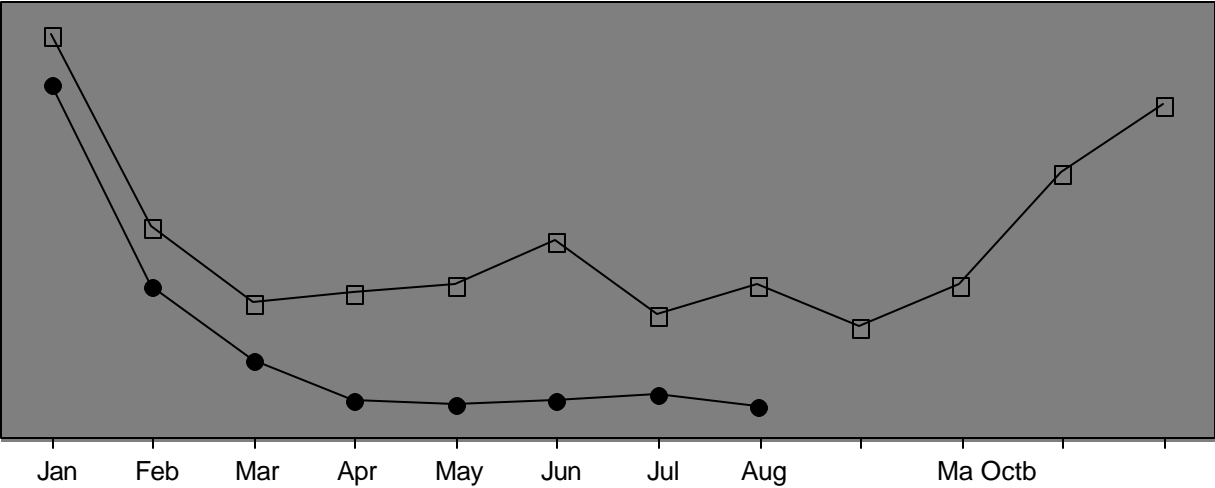
More than 70 country representatives, donors, and other international members of the global campaign to eradicate dracunculiasis (Guinea worm disease) participated in the 2003 Program Review for the Guinea Worm Eradication Programs of Ghana, Nigeria and Sudan at The Carter Center on September 22-25. These three countries have reported 96% of all dracunculiasis cases so far in 2003 (Table 1). Former U.S. President Jimmy Carter, former Nigerian Head of State General (Dr.) Yakubu Gowon, and World Health Organization Director-General Dr. Jong-wook Lee led a special summary session to conclude the Review. In an overview of the status of the global campaign at the beginning of the meeting, Dr. Ernesto Ruiz-Tiben of The Carter Center noted that outside of Sudan and Ghana, endemic countries have reduced the number of cases reported so far this year by –46%. Dr. Nevio Zagaria of the World Health Organization announced that eleven more countries will be considered for certification as free of dracunculiasis at the next meeting of the International Commission for the Certification of Dracunculiasis Eradication next March, including Senegal and Yemen. The status of interventions against dracunculiasis in each country is shown in Table 2 and the distribution by country of origin of 66 cases exported to other countries is shown in Figure 6.

The delegation from Ghana was led by Deputy Minister of Health Mr. Moses Dani Baah, and included the national program coordinator Dr. Andrew Seidu Korkor

General Dr. Yakubu Gowon led Nigeria's team, which included the national program coordinator Dr. K. A. Ojodu, Carter Center (Global 2000) country representative Dr. Emmanuel Miri, and five Nigerian consultants to the program in the South East (Mrs. Chinyere Maduka), South West (Dr. Joshua Ologe), North Central (Dr. Cephas Ityonzughul), North West (Dr. Jabir Abdullahi) and North East (Mr. Adamu Sallau) Zones. In the first few years after a nationwide search found more than 650,000 cases in 1988, the program rapidly reduced annual incidence of reported cases to about 13,000 cases, which level remained essentially the same between 1996 and 1999. Progress towards eradication resumed dramatically after General Gowon began assisting the program in 1999 (supported by adequate funding from the Bill & Melinda Gates Foundation) by advocating with administrative and health officials in endemic areas on behalf of the program. General Gowon has since made 48 visits to 16 endemic states, 57 Local Government Areas (LGAs), and dozens of endemic villages. At present 20 of Nigeria's 36 states and 717 of the 774 LGAs are Guinea worm-free. Only 1,224 cases of dracunculiasis have been reported nationwide in January-August 2003 (7% of global cases), which is a reduction of -50% from the same period of 2002 (Figure 2). In 464 villages that reported 2,438 cases in January-August 2002, the number of cases was reduced by -64% to 876 cases in the same period of 2003. Interventions have been intensified even more in 2003. The recommendations to the Nigerian program are listed on page 6.

Sudan was represented by senior health and political leaders from both sides of the civil war. The Honorable Minister of Health Dr. Ahmed B. Osman was the lead representative from the Government of Sudan, and Health Commissioner Dr. Achol M. Deng represented the Sudan Peoples Liberation Movement. Participants from Sudan's Guinea Worm Eradication Program included the national program coordinator Dr. Nabil M. Aziz, Dr. Jeremiah Ngondi (data manager), and Carter Center resident technical advisors Mr. Mark Pelletier (Khartoum) and Ms. Kelly Callahan (Nairobi). Sudan reported 76% of global dracunculiasis cases in 2002. Despite the on-going civil war, this program has achieved remarkable progress since the "Guinea Worm Cease-Fire" of 1995, and it is currently accessing more endemic villages (6,490) than ever, including 82% coverage with health education and coverage with household filters in 70% of endemic villages. In 3,412 ore in 2003. The recomm ende3ee Tw ed597944ed by3 T 1.401nm7m04ion2i57





## **RECOMMENDATIONS FOR GHANA**

1. Ghanaian authorities should make clear to all concerned that eradicating guinea worm disease from Ghana is a top national priority for which they will all be held responsible.
2. The Ghana GWEP should provide a detailed plan of action with specific objectives and measurable goals for 2004 with emphasis on the expectations in water supply; Abate application; social mobilization/health education; surveillance; filter coverage and case containment.
3. Ghana's GWEP should continue to extend its commendable efforts (such as involvement of the Ghanaian Red Cross Society) to effectively engage more women in its activities at all levels.
4. The Ghana GWEP should seek to increase the participation of leaders and members of ethnic groups with above-average incidence of dracunculiasis in the activities of the program.
5. Ghana's health authorities should support national leadership of the Community Based Surveillance System so that that system can routinely conduct effective surveillance for GWD in non-endemic areas, maintain rumor registers, and ensure follow up of s

15. The Ghana GWEP should investigate why some areas reported as having very high percentages of implementation of key interventions in 2002 are reporting high increases of cases in 2003.
16. The Ghana GWEP should use Health Mapper to identify formerly endemic villages that are receptive to transmission of Guinea worm disease and place all such villages under monthly surveillance and reporting through the Community Based Surveillance System.

#### **RECOMMENDATIONS FOR NIGERIA**

- 1.

### **RECOMMENDATIONS FOR SUDAN**

1. Participants in this Guinea worm review meeting appeal for a successful conclusion before the end of 2003 to the current negotiations to settle the conflict in Sudan. Sudan reported 76% of all dracunculiasis (Guinea worm) cases in the world and exported cases to at least three neighboring countries in 2002. Ending the 20-year-old war would remove the single greatest barrier to completing the global campaign to eradicate dracunculiasis.
2. Participants commend Sudanese health workers, political authorities, and their partners on both sides of the civil war for the significant reductions in dracunculiasis cases already achieved in many areas that are currently accessible to the program. This effective cooperation should continue into the post-war period.
- 3.

Table 1

Number of cases contained and number reported by month during 2003\*  
(Countries arranged in descending order of cases in 2002)

	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												TOTAL*	CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		
SUDAN	708 / 1176	362 / 702	544 / 872	519 / 1145	630 / 2054	1212 / 2528	1467 / 2378	/	/	/	/	/	5442 / 10855	50
GHANA	487 / 889	772 / 1338	557 / 946	621 / 937	524 / 774	374 / 552	288 / 472	123 / 200	/	/	/	/	3746 / 6108	61
NIGERIA	389 / 568	179 / 243	103 / 125	53 / 60	30 / 52	49 / 58	46 / 68	36 / 50	/	/	/	/	885 / 1224	72
TOGO	110 / 149	36 / 49	22 / 30	38 / 43	77 / 87	54 / 72	49 / 58	14 / 22	/	/	/	/	400 / 510	78
MALI	3 / 3	4 / 4	5 / 5	2 / 3	2 / 3	7 / 8	42 / 84	90 / 158	/	/	/	/	155 / 268	58
BURKINA FASO	6 / 6	3 / 4	0 / 1	3 / 4	15 / 17	26 / 65	22 / 37	13 / 18	/	/	/	/	88 / 152	58
NIGER	0 / 0	1 / 1	0 / 0	2 / 2	0 / 0	6 / 6	27 / 37	30 / 47	/	/	/	/	66 / 93	71
COTE D'IVOIRE	7 / 21	5 / 8	1 / 2	1 / 3	4 / 4	1 / 1	0 / 0	0 / 0	/	/	/	/	19 / 39	49
BENIN	21 / 21	1 / 1	1 / 1	0 / 0	0 / 0	0 / 0	2 / 2	0 / 0	/	/	/	/	25 / 25	100
ETHIOPIA	0 / 0	0 / 0	3 / 3	7 / 7	7 / 7	5 / 5	1 / 1	1 / 1	/	/	/	/	24 / 24	100
MAURITANIA	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	2 / 3	1 / 1	/	/	/	/	4 / 5	80
UGANDA	0 / 0	0 / 0	0 / 0	3 / 3	9 / 11	5 / 6	2 / 2	0 / 0	/	/	/	/	19 / 22	86
TOTAL*	1731 / 2833	1363 / 2350	1236 / 1985	1249 / 2207	1298 / 3009	1740 / 3302	1948 / 3142	308 / 497	0 / 0	0 / 0	0 / 0	0 / 0	10873 / 19325	56

% CONTAINED

56

\* PROVISIONAL

Shaded cells denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month.

For other imported cases see table of imported cases by month and by country.

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Table 2

**Number of indigenous dracunculiasis cases\*, percentage of cases contained<sup>†</sup>, and number and percentage of villages with endemic disease<sup>§</sup>, by country and intervention, 2003<sup>^</sup>**

	No. indigenous cases reported	% cases contained	# reported with endemic disease	% reporting monthly	% with filters in all households	% using Abate®	% with 1+ sources of safe water	% provided health education
Sudan (7)								

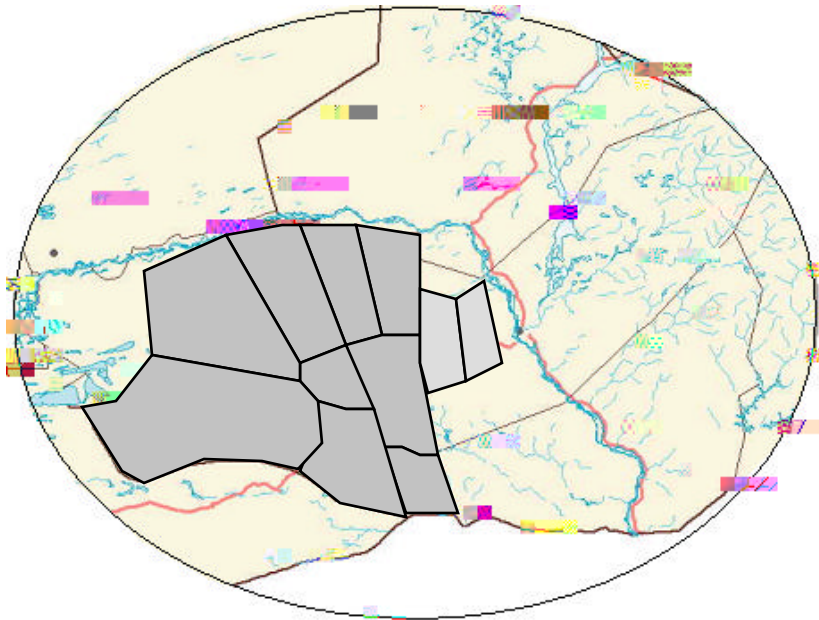
Figure 4

**Togo** conducted Worm Weeks in 6 villages in Bassar District and in the village of Djarapanga (Sotouboua District) in July, in some villages of Ogou District in August, and Keran District on September 8-12. In January-August 2003, the percentage reduction in dracunculiasis cases in 5 Togolese districts served by Case Containment Centers was –59% compared to the same period 2002. In 6 districts without Case Containment Centers, cases were reduced by –31% during the same eight months.

**Uganda** All 13 indigenous cases reported in Uganda in January-August have occurred in the same village: IIIa/Nawuapoet, in Rikitae Parish of Kotido District. Whereas the male to female ratio of indigenous cases is 4:9, it is 8:1 for cases imported from Sudan. Insecurity and importations are still the main challenges for this program.

**Mali** has reported 264 cases of dracunculiasis during January-August 2003, a 6% increase from the 249 cases reported during the same months in 2002. The map below shows the distribution of cases by "Cercles" so far during 2003. The total number of cases reported from these "Cercles" during January - August 2002 and 2003, and the percentage change is also shown in figure 5.

The 48th Meeting of the Interagency Coordinating Groups for Dracunculiasis Eradication, and an ad hoc meeting of the Gates Guinea Worm Grant Committee also met at The Carter Center on September 25, 2003.



### **KUWAIT FUND SUPPORTS GUINEA WORM ERADICATION**

The Kuwait Fund for Arab Economic Development informed The Carter Center in late September that it would provide a grant of US \$500,000 to support the center's Guinea worm eradication work over two years (2004-2005). These funds will be used to support aspects of the program in all of the remaining endemic countries. In 1997, the Kuwait Fund made a grant of \$250,000 to The Carter Center via the World Bank Trust Fund for Guinea Worm Eradication.

### **NORWEGIAN MEDICAL STUDENTS RAISE \$208,000 FOR SUDAN'S GWEP**

In an outstanding Humanitarian Action Campaign that was well-timed to coincide with epidemiological and political developments in Sudan, medical students from the four Norwegian medical schools at the Universities of Bergen, Oslo, Tromsø and Trondheim raised the equivalent of US\$208,000 for the purchase of over 7,000 medical kits to provide medical care for persons with Guinea worm disease in Sudan. The medical kits will be distributed before the 2004 peak transmission season as an important element of escalated interventions against the disease in the war-torn country. The students held or sponsored concerts, dan

**RECENT PUBLICATIONS**

CDC, 2003. Progress toward global eradication of dracunculiasis, January

**Distribution by Country of Origin of 66 Cases of Dracunculiasis Exported to Other Countries During 2003\***

