



# Memorandum

Date April 15, 1989



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

Subject **GUINEA WORM WRAP-UP #23**

To Addressees



## INTERNATIONAL ACTIVITIES

### UNDP INCREASES AID TO AFRICAN REGION



The United Nations Development Program pledged in January to provide an additional \$249,000 in 1989-1990 to assist endemic African countries in the struggle against guinea worm disease. Specifically, these funds are to be used to provide consultants to help countries prepare national plans of action and proposals for funding of activities to eradicate dracunculiasis. The pledge was made by Mr. Pierre-Claver Damiba, Assistant Administrator and Regional Director for Africa of the UNDP, during a visit to the Carter Presidential Center in Atlanta. It represents the amount needed for that purpose, as estimated in the Global Strategic Plan of Action for Guinea Worm Eradication (1989-1995) drawn up by Global 2000 and the Centers for Disease Control. These funds will be administered by Global 2000.

### INTERNATIONAL DONORS' CONFERENCE PLANNED AT LAGOS



GLOBAL 2000 Global 2000 and the Bank of Credit and Commerce International have announced plans for an international conference, "Target 1995: Guinea Worm Eradication," to be held at the Lagos Sheraton Hotel (Ikeja) in Lagos, Nigeria, on July 30-31, 1989, in association with the United Nations Development Program (UNDP) and the United Nations Children's Fund (UNICEF). The World Bank has agreed to send a representative to the conference. The purpose of the conference is to help mobilize support (financial and mass media) for the global initiative to eradicate dracunculiasis. Special emphasis will be placed on programs in Burkina Faso, Ghana, and Nigeria, the only countries where the disease is known to occur nationwide. Representatives from all endemic African countries are being invited to attend. The conference will be conducted in English and French, with simultaneous translation. It will be chaired by Mr. Pierre-Claver Damiba, Assistant Administrator



and Regional Director for Africa of the UNDP, and will feature a keynote address by former U.S. President Jimmy Carter.

For further information, please contact one of the following:

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#### EMRO REGIONAL DRACUNCULIASIS MEETING

The first regional conference on guinea worm eradication in the WHO Eastern Mediterranean Region (EMRO) met at the National Institute of Health in Islamabad, Pakistan from 2-4 April 1989. The objectives of the conference were to assess the current status of dracunculiasis and control measures in the region, to help develop or strengthen national plans of action, and to help formulate criteria for certification of dracunculiasis elimination in formerly endemic countries.

The 21 participants included representatives from Pakistan, Somalia, Sudan, and Yemen Arab Republic. Representatives from India and Nigeria also participated. Other international participants included representatives from WHO headquarters, CDC, Global 2000, the Bank of Credit and Commerce International, UNICEF, and the Commonwealth Institute of Helminthology.

The conference concluded that Pakistan and Sudan are the only countries of the EMRO region where dracunculiasis is still known to be endemic, and that the disease will probably be eliminated from Pakistan by December 1990. Specific suggestions were made as to how surveillance and control efforts may be increased in parts of Sudan despite the current civil disturbances. The disease is known to be highly to moderately endemic in Eastern Equatoria, Blue Nile, and Southern Kordofan Provinces of Sudan, but data are not available from all of the other 15 provinces. Over the past four years, however, increasing cases of dracunculiasis have been noted in Red Sea and Kasala Provinces. Control measures employing health education and rural water supply are being taken in some affected areas of Southern Kordofan Province as a part of primary health care efforts since 1987, in cooperation with UNICEF and Action Internationale Contre la Faim (AICF).

The conference also prepared a working paper on issues associated with certification of dracunculiasis elimination. The Recommendations of the Conference are as follows:

1. Given the apparent status of dracunculiasis in the EMRO region, and the active efforts underway to eradicate the disease globally, WHO should develop, as soon as possible, agreed-upon criteria for certification of dracunculiasis elimination by formerly endemic countries. Such criteria are already needed urgently in the EMRO region. Ministers of Health of the EMRO region are urged to promote the development and use of these criteria.

2. This conference endorses the case definition of dracunculiasis adopted by the Second African Regional Conference on Dracunculiasis at Accra, Ghana in 1988: "An individual exhibiting or having a history of a skin lesion with emergence of a guinea worm."
3. The remaining endemic countries of the region are urged to make dracunculiasis an officially reportable disease, if they have not yet done so, and to promptly report whatever surveillance data they may have for the previous calendar year to WHO by 31 March of the succeeding year. Reports of cases of dracunculiasis for 1988 should be sent to WHO by telex immediately.
4. The 1989 World Health Assembly is urged to adopt a resolution calling for the eradication of dracunculiasis by 1995.
5. International and bilateral agencies and other donors should assist in the extension of surveillance and control measures for dracunculiasis in Sudan, and also make resources available to help requesting countries to document elimination of the disease.
6. The direct bilateral dialogue between officials of the Indian and Pakistani national Guinea Worm Eradication Programmes which was initiated at this conference should be continued, in appropriate fora.
7. The conference encourages WHO to circulate surveillance and progress reports from endemic countries regularly.

This conference was co-sponsored by the Pakistan Ministry of Health, CDC, Global 2000, BCCI Foundation, and WHO. The USAID Mission to India provided funding for travel of that country's representative.

#### SURVEILLANCE

Data available as of March 31, 1989 (Cases of dracunculiasis)

	<u>1986</u>	<u>1987</u>	<u>1988</u>
Benin	N.A.	400	13,892
Ghana	4,717	18,398	71,767
India	23,070	17,031	12,023
Pakistan	N.A.	2,400 (est)	1,111
Nigeria	N.A.	216,484	654,395

All endemic countries which have not yet done so are urged to telex the reported number of cases for 1988 to WHO as soon as possible.

#### WHO, NETHERLANDS ANNOUNCE APO POSITION

The World Health Organization and the Government of the Netherlands have announced agreement on the appointment of a full time associate professional officer for regional guinea worm eradication activities at the WHO Subregional Office in Bamako, Mali. Funding for this APO position for two

years will be provided by the Dutch government. The position will be held by Dr. Alhousseini Maiga, currently Chief of the Section Maladies Transmissibles, Division de l'Epidemiologie et de la Prevention, B.P. 228, Bamako, Mali.

## NATIONAL ACTIVITIES



### GHANA



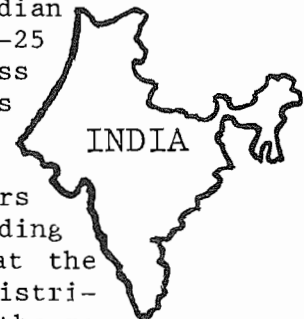
Since February 1989, Mr. Larry Dodd has assumed the position of project director for the Global 2000/BCCI guinea worm eradication project in Ghana. Ghana is initiating a system whereby cases of guinea worm will be reported monthly from endemic villages to district, regional, and national health authorities. As of the end of March 1989, 71,767 cases of guinea worm had been reported to national authorities for 1988 (Ghana reported 18,398 cases in 1987, and 4,717 cases in 1986).

The Danish Bilharziasis Laboratory and the Danish International Development Agency (DANIDA) have announced a grant of 1 million Danish kroner (about US\$ 143,000) per year for four years (1989-1992), to help strengthen the Guinea Worm Eradication Program in Ghana's highly endemic Northern Region. This project will include assignment of a Danish biologist to be based in Tamale, the capital of the Northern Region.

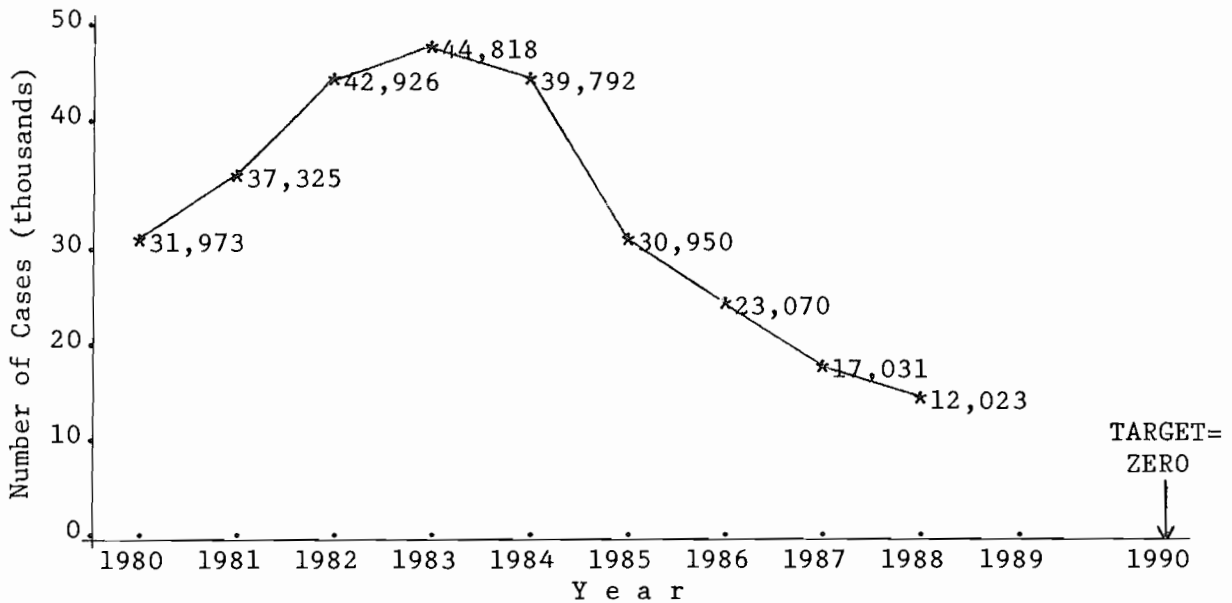
During a visit to Ghana in early March, the Executive Director of UNICEF, Mr. James Grant, visited two endemic villages near Accra. One of the villages was one of the two villages visited by former President and Mrs. Jimmy Carter a year ago, and which now have been provided with borehole wells and handpumps, courtesy of the Bank of Credit and Commerce (Ghana) Ltd., Global 2000/BCCI, and UNICEF.

### INDIA

The Eleventh Task Force Meeting and Workshop of the Indian Guinea Worm Eradication Program was held in Delhi on 23-25 January. The main objectives were to review the progress of the program to date and refine plans for activities in 1989-1990. Participants included public health and public engineering (water supply) authorities from national level and affected states, as well as observers from the regional office of WHO and from UNICEF. According to reports presented by the states at this meeting, at the end of 1988, there were 12,023 cases of guinea worm distributed in 4,270 villages in six endemic states. One of the remaining endemic states, Gujarat, reported only 27 cases in 1988, of which 22 were imported from neighboring states. Of the 2,755 endemic villages in Rajasthan, the most highly endemic state, 2,601 have already been provided with safe water sources. The 12,023 cases reported for 1988 represent a reduction of 29% from the 17,031 cases reported in 1987, and a reduction of 73% from the 44,818 cases reported in 1983.



INDIA: THE COUNTDOWN CONTINUES



NIGERIA



The Second National Conference on Dracunculiasis in Nigeria met in Lagos March 20-22, 1989. About 300 persons attended, including representatives from all 21 states plus the Federal Capital Territory, Global 2000, BCCI, UNICEF, WHO, and observers from Britain, Mali, Norway, and USA. The most important outcome was the announcement by the Chief of General Staff (the second highest official in the Federal Government), Vice-Admiral Augustus Aikhomu, in an address read on his behalf at the opening ceremony: "We announce today that DFRRI [Directorate of Food, Roads, and Rural Infrastructure] will now use the presence of guinea worm disease as the primary criterion for targeting water supply, such as hand-dug wells and boreholes. Villages with guinea worm will now be a priority for all water supply projects in Nigeria (including UNICEF and UNDP/World Bank water projects)." A Proceedings of the conference is being edited by Professor Luke Edungbola, to be published in the Nigerian Journal of Parasitology.

The first national case search results, reported at the conference, revealed a total of 653,492 cases in 5,872 villages, affecting 212 of the country's 304 Local Government Areas (LGAs). At least three LGAs each reported more cases of guinea worm than did all of India in 1983, India's peak year. About 15 million Nigerians were found to be at risk of the disease in endemic villages. Ondo State, which produces nearly 60% of Nigeria's cocoa (the country's leading non-oil foreign currency earner), reported the highest number of cases (197,391). Although coverage in this first national search was not complete, it delineated most of the endemic areas in Nigeria and established for the first time the feasibility and utility of this kind of active surveillance operation in Nigeria.

The High Commissioner for Nigeria to Great Britain, Mr. George Dove-Edwin, has agreed to chair a committee, to be called the "Fund for the

Eradication of Guinea Worm from Nigeria," for the purpose of raising funds to help support the Nigerian Guinea Worm Eradication Program.



## RECENT PUBLICATIONS

Ankoman, B, 1989. Ghana and Nigeria to eradicate guinea worm by 1995. New African, March.

Brooke, J, 1989. Worm is target in war on debilitating disease. New York Times, January 24, page 24.

Manonmani, AM, et al, 1989. Establishment of a standard test method for determining susceptibility of Mesocyclops to different insecticides. Indian J Med Res, 89:43-47.

World Health Organization, 1989. Dracunculiasis: Ghana. Wkly Epidemiol Rec 64(3):16-19.

World Health Organization, 1989. Dracunculiasis: Benin. Wkly Epidemiol Rec 64(10):70-73.



CDC is the Who Collaborating Center for Research, Training, and Control of Dracunculiasis.