



Date October 12, 1998

From



WHO Collaborating Center
Research, Training and Eradication of Dracunculiasis

Subject

GUINEA WORM WRAP-UP #83

To Addressees

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.

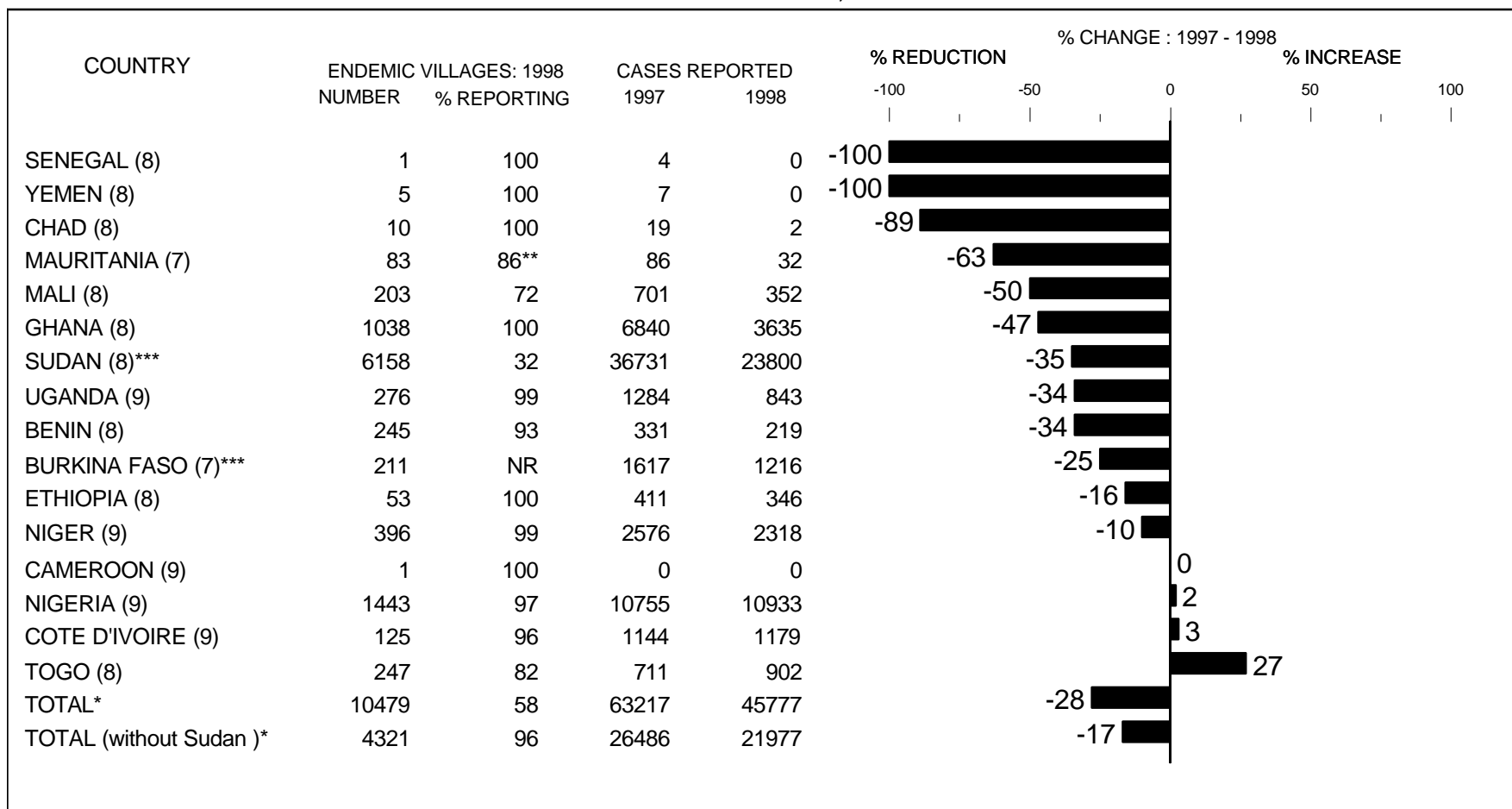
Figure 1

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

**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												TOTAL*	CONT.	%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER			
	465	856	889	1618	2125	3421	2476	433					12283		
SUDAN	/ 1328	/ 1254	/ 1524	/ 2627	/ 3474	/ 5640	/ 5568	/ 2385	/	/	/	/	/ 23800	52	
NIGERIA	/ 1511	/ 1305	/ 1279	/ 942	/ 1220	/ 1485	/ 1389	/ 1163	/	/	/	/	/ 10294	82	
GHANA **	/ 1277	/ 709	/ 554	/ 382	/ 263	/									



ETHIOPIA HOLDS NATIONAL PROGRAM REVIEW, TARGETS 1999

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

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)

- 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 so 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 Er by.

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.

RECOMMENDATIONS FOR THE TOGO GUINEA WORM ERADICATION
PROGRAM (GWEP)

Generated from the Togo National Guinea Worm Eradication Program Review

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.

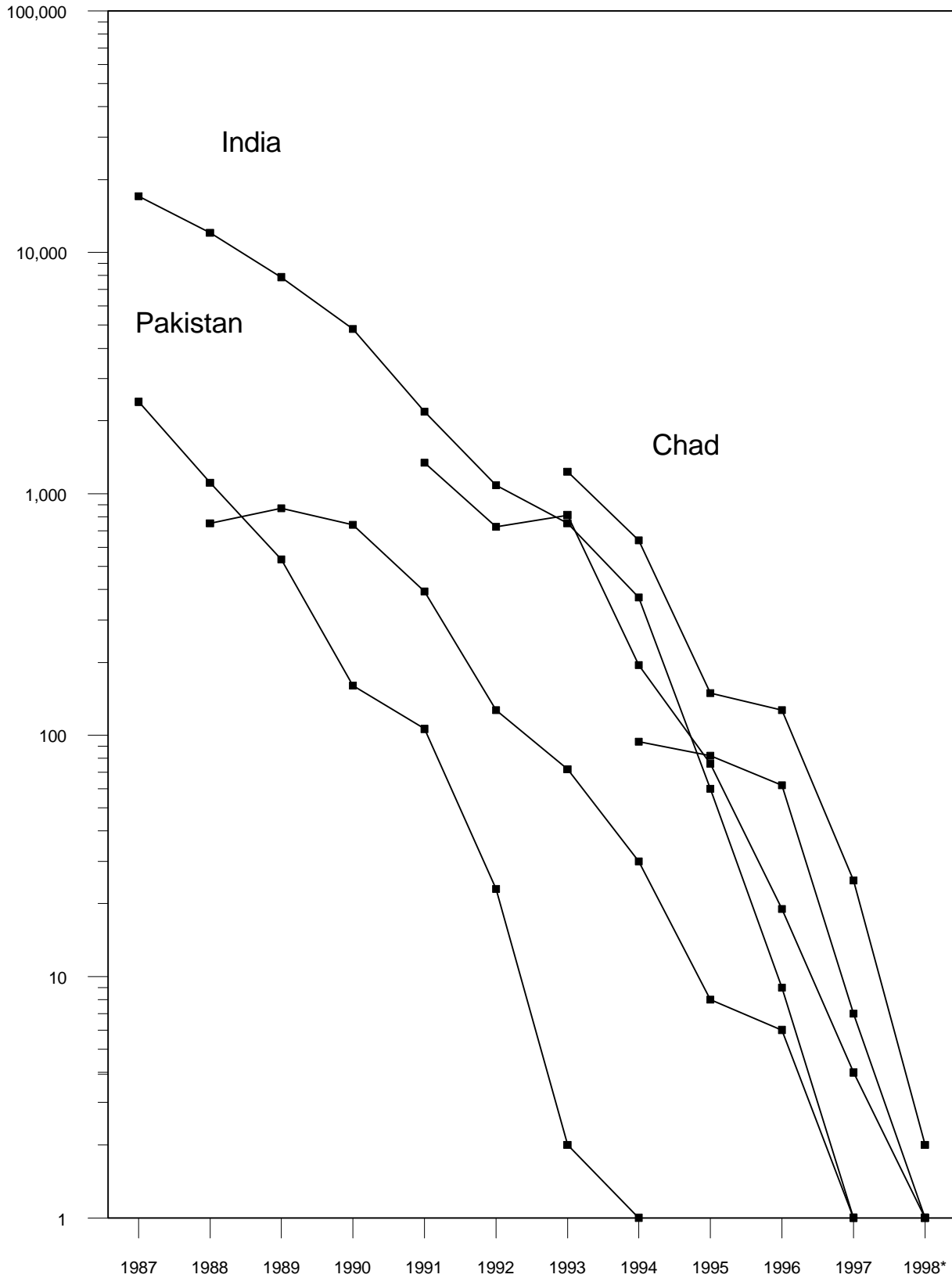
6. The SGWEP needs to implement the use of checklists for supervisors. These checklists should include instructions for assessing the use of filters by villagers and for ascertaining whether undetected cases of dracunculiasis exist in the community.
7. The SGWEP should develop an inventory of sources 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

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



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

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